

The Boston Private Industry Council

# HomeWork Year Three Evaluation Report: Case Study Analysis

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# EXECUTIVE SUMMARY

## Introduction

This report presents the evaluation findings for the third year of the HomeWork project, a multi-agency collaborative effort to provide coordinated employment and housing services to chronically homeless and disabled adults in the city of Boston. HomeWork is one of five national projects funded for up to five years under the “Ending Homelessness through Employment and Housing” program of the U.S. Departments of Labor (DOL) and Housing and Urban Development (HUD). It has been in operation since the fall of 2003.

During Year One of HomeWork, from October 2003 through September 2004, the participating partner organizations cleared the way for referrals and service coordination to begin by addressing policy and procedural issues, especially relating to eligibility criteria and processes for referral and intake. Year Two was focused on implementing systems for service delivery and service coordination, including recruitment, referral, intake, and service planning. A structure was put in place for regular service coordination meetings with representation from all partner organizations and quarterly Integrated Service Plan meetings, held with the participants and their key staff.

By Year Three, the project was operating at its full capacity of forty participants. The systems for multi-level interagency coordination were in place and were being adjusted as the project evolved. As of June 2006, 26 of the 40 participants (65%) had held at least one job during the time they were enrolled in HomeWork. Twenty-nine of the participants (73%) were living in stable housing.

The Year Three evaluation consists of six case studies of individuals currently enrolled in HomeWork, plus an overall analysis of the key points that emerged when the case studies were viewed together. The information was gathered primarily through interviews with participants and staff and reviews of the participants’ case files at each of the partner agencies.

## Background of the Case Study Participants

The case study participants were all men. At the time of their referral to HomeWork, they had been living in shelters and had been homeless continuously for at least 18 months. Many had also been homeless intermittently prior to their most recent period of homelessness. Mental illness and/or substance abuse had had a major impact on the capacity of at least five of the participants to live independently and maintain competitive employment. Three of the participants were clients of the Department of Mental Health.

## Enrollment in HomeWork

Four of the case study subjects were enrolled in HomeWork as “employment plus housing” participants, meaning that they were to receive employment services, housing supports, and vouchers to pay for their housing. The other two were enrolled as “employment only” participants, meaning they were to receive employment services and housing search assistance,

but no housing vouchers. One of the latter two was later given a housing voucher as well. Two participants were referred to HomeWork by the Department of Mental Health and the other four were referred by employment service programs that were HomeWork partner organizations.

## **Services and Activities Since Enrollment in HomeWork**

### *Housing Services.*

Five participants received housing vouchers through HomeWork and used the housing advocacy and support services of HomeWork's residential partners to search for housing. Four participants are now living in their own housing units.

### *Employment Services*

Five participants had been engaged in work experience activities with their employment service programs and found those activities to be helpful in building their confidence and providing them with relevant skills, experience, and job references. Three participants were employed at the time of the study, and one had received a tentative job offer. In two cases, the HomeWork employment service partners had played major roles in placing them in employment.

### *Mental Health Services*

Four participants were actively using mental health case management services. Their case managers' role was to monitor their clients' mental health status, work with them to identify their overall goals, and address their needs through service referrals and linkages.

### *Substance Abuse Services*

Four of the men in the study have had serious substance abuse problems, and three have a dual diagnosis of mental illness coupled with substance abuse. They were all participating in substance abuse-related services, though with varying degrees of structure. In one case, the HomeWork team was very instrumental in helping a participant enter a residential substance abuse treatment program.

## **Service Planning and Coordination under HomeWork**

HomeWork has provided a platform for coordination among the residential and employment service staff members working with each of the six case study participants. This level of contact between employment and residential staff is new, according to several of those who were interviewed. In addition, when participants are receiving substance abuse services, staff from those service providers have also been active members of the HomeWork team. Mental health services, on the other hand, have less consistently been represented in the HomeWork coordination process.

The principal venues for communication among team members are regular service coordination meetings and Integrated Service Plan (ISP) meetings held for each HomeWork participant. *Ad*

*hoc* meetings are also held to deal with problems as they arise, and members of the HomeWork team communicate with one another by phone and email. The HomeWork team seems to pay the most attention to newly enrolled participants and those who are at key transition points or are having problems.

## **Planning for Long-term and Future Needs**

All of the HomeWork partner organizations have the capacity to offer ongoing support services to participants as they move into their own homes and find employment. The intensity of these services varies by frequency of contact and whether or not the service provider can take the initiative in reaching out to participants. HomeWork's role has been to work with each participant and his team to develop a plan for needed long-term supports, even as one or more of the partners may have to terminate or reduce the level of their services within prescribed time limits.

## **Conclusions: Major Strengths and Emerging Issues**

The key findings from this comparative analysis of the six case studies are presented in two parts:

- Major Strengths (What does HomeWork do best?), and
- Emerging Issues (What are some key issues to be addressed in the future?)

### *Major Strengths*

#### **1. Communication, Planning and Coordination**

HomeWork has established a platform for communication, planning and coordination among organizations providing residential, employment, substance abuse and, in some cases, mental health services. The partners have a sense of being a team and are accessible to one another and to participants. They are aware of the participants' different issues, needs, and, in most cases, the different services they are using. Staff see themselves as playing a role in helping participants address these multiple issues, even those that are outside their own service area, and reinforcing their participation in the other services.

Participants said that being involved in the service planning process gives them an impetus to keep moving forward toward achieving their goals. They also spoke of being able to proceed at their own pace, and they expressed their appreciation that the HomeWork team works with them at the pace they want to set for themselves.

#### **2. Access and Advocacy**

HomeWork's team approach facilitates access to important housing, health, and employment resources and helps participants overcome critical barriers standing in the way of their progress toward stable housing and employment.

### **3. Job Placement**

HomeWork's contribution to these job placements has been to ensure that a full and coordinated array of services and resources have been available to support the participants as they seek and find jobs, including housing supports, substance abuse, and mental health services. By coordinating these services and linking them with employment, HomeWork has helped to ensure smooth transitions to employment for all three of those who are now employed.

### **4. Outreach and Persistence**

The HomeWork team exhibits a great deal of persistence in reaching out to participants who are having problems or not engaging in services. Without the benefit of the HomeWork team's persistence some participants would have been likely to drop out or be discharged from services. Instead, they are not only still active, but they have become more engaged in services.

### **5. Continuity**

HomeWork provides for the continuity of service coordination and planning, which helps mitigate the destabilizing effects of frequent staff turnover among partner organizations. Most of the case study participants have experienced turnover in one or more of their direct service caseworkers during their time in HomeWork. HomeWork keeps the team meetings going, incorporates new staff onto the team, encourages them to participate, and reinforces the value of coordinated services over time in spite of changes in personnel.

#### *Emerging Issues*

The following issues have emerged as needing some attention as the members of the HomeWork partnership work to refine the program in the future.

#### **1. Participation by mental health services.**

HomeWork has made strides in incorporating participants' mental health services into the team process. DMH is a HomeWork partner and has a representative on the HomeWork team, and two participants' mental health caseworkers have attended meetings and shared relevant information with the other members of the HomeWork team.

The mental health caseworkers for two other participants, however, have not been part of the HomeWork team. As a result, there is an information gap, which may result in the duplication of some services and may limit the ability of the HomeWork team to make fully informed planning decisions. There is a need, therefore, for more consistent involvement of mental health services on the team.

#### **2. Knowledge of substance abuse triggers and relapse management strategies.**

Several employment service staff pointed to the need to strengthen team members' knowledge of substance abuse issues and their ability to respond to them—an indication of the project's

progress, because it shows that those staff see involvement in disability issues as part of their role. Suggestions for remedying this problem included providing additional staff training and hiring a consultant to help identify participants who may have substance abuse issues and engage them in appropriate services.

#### **4. Access to structured substance abuse services**

The need for structured substance abuse services—more structured than the twelve-step programs and less intensive than residential treatment—was identified for two participants as a significant area of need. Resources to meet that need had not been identified.

#### **4. The challenge of responding to individual needs proactively.**

Sometimes a lack of information, especially in the areas of substance abuse and mental health, limits the extent to which the HomeWork team can take the initiative in addressing individual problems. There were also situations where HomeWork might have been able to deal with problems more quickly and more effectively by taking a more proactive stance.

There are three aspects of this problem to consider. One is the need for access to the information; another is to the need to develop a process to stay aware of what the issues are for individual participants; and the third is to have the knowledge and skills to work with the participants to identify and provide whatever assistance is called for.

#### **5. Expanding employment service options.**

One of the six participants clearly had the full range of employment program options explained to him and was helped to make a choice based on those options. In other cases, participants continued to engage in the same programs they were involved with before entering HomeWork. Upon entering the job search stage, however, there is no indication that they had the opportunity to consider the range of alternative options available through the HomeWork network, such as different approaches to job placement and support. Because different arrays of services are appropriate for different clients, and because the notion of informed choice is a stated value of HomeWork, the HomeWork partners may wish to re-visit this issue to determine whether it is being addressed adequately.

#### **6. The need to cultivate community and peer supports.**

The value of peer supports and community involvement was highlighted during most interviews with participants and staff, especially when participants were asked what they needed to make their lives better in the future. These included peer relationships that were intentionally fostered by the programs, mentorship relationships with work supervisors, and involvement in church or other activities in the community. In this regard, the HomeWork partnership may wish to consider pursuing connections with organizations and programs that specifically address this issue.

## **7. The issue of long-term services and supports.**

It is to be expected that many participants will experience cycles of relapse in the future, and they are likely to need some sort of net to catch them when they fall. In some ways, the key to HomeWork's ability to assist participants over the long run is whether it can provide continuing services both to support their growth and to help solve problems if and when they occur. This issue will become more and more important as increasing numbers of HomeWork participants move into the post-placement phase of the program.

## I. Introduction and Background

This report presents the evaluation findings for the third year of the HomeWork project, a multi-agency collaborative effort to provide coordinated employment and housing services to chronically homeless and disabled adults in the city of Boston. HomeWork is one of five national projects funded for up to five years under the “Ending Homelessness through Employment and Housing” program of the U.S. Departments of Labor (DOL) and Housing and Urban Development (HUD). It has been in operation since the fall of 2003.

Historically, the services available to meet the needs of this population—housing, employment, substance abuse treatment, and mental health services—have been fragmented. Coordination and communication among service providers have been minimal. The primary aim of the joint DOL–HUD program is to develop service models that foster and systemize interagency service coordination, increase the range of available employment strategies and options, and provide services that foster independent living and self-sufficiency.

To address the underlying issues and meet these goals, HomeWork seeks to establish a coordinated, multi-agency service network that includes employment assistance, housing resources and supports, substance abuse treatment, mental health services, and other disability-related services. The objective is for participants to have access to a comprehensive range of services tailored to their individual needs, with the full and unified support of a service team.

The project is designed to serve 40 participants. Twenty participants receive employment services, housing supports, and vouchers to pay for their housing. The other twenty receive employment services and housing search assistance, but are not given housing vouchers.. A central feature of the HomeWork approach is to provide these services, especially employment and housing supports, at the beginning or very early in the service delivery process, and to do this in coordination with disability-related services so that multiple barriers can be addressed simultaneously within a comprehensive support framework.

### *Year One Program Implementation and Evaluation*

Year One of the project was focused on establishing the ground rules of operation and laying the foundation for future activities. During its first year, the project made significant progress in addressing policy and procedural issues, especially relating to eligibility criteria and processes for referral and intake. By the end of the year, the project partners agreed that, for the most part, there was clarity and consensus concerning these issues. The project was fully staffed and beginning to move forward. Seven participants had received employment plus housing and one had received employment services only.

The Year One evaluation was designed to serve as the baseline from which to measure future progress, including the extent to which services were coordinated or integrated prior to the implementation of HomeWork. It was based on observations made at HomeWork meetings and interviews with partner agency staff. The evaluation found that prior to the start of HomeWork the partner organizations had limited experience working with one another and varying levels of knowledge about each other’s services. There was little coordination among services, timelines

and procedures sometimes worked against each other, making it difficult for the chronically homeless to pursue both housing and employment at the same time.

### *Year Two Program Implementation and Evaluation*

Year Two was focused on implementing systems for service delivery and service coordination, including recruitment, referral, intake, and service planning. By the end of the year, the project was operating at its full capacity of forty participants.

Regular service coordination meetings with representation from all partner organizations were serving as a forum to process intakes, track progress, and discuss broader issues. Quarterly Individual Service Plan (now called “Integrated Service Plan”) meetings and additional problem-solving meetings were taking place with participants as needed. The intake process was coordinated through JobNet (a One-Stop Career Center), as well as through regular service coordination meetings.

The Year Two evaluation focused on the progress HomeWork had made toward implementing key organizational and system changes, with a particularly close look at how the partners were working together, what information was being shared, and what changes may have occurred that affected the system as a whole. It was based on interviews with staff from most of the key partner agencies and a review of minutes from the service coordination meetings. In addition to the organizational changes described above, partners had gained an understanding of the participants’ multiple issues and of each other’s services. More information was being shared at key points of planning, and a coordinated service planning process had been implemented. Participants had access to a greater range of employment resources, and many were housed.

In addition to these developments in program implementation, a number of issues emerged from the evaluation. These included:

- The need to expand knowledge about various issues and services among direct-line staff;
- The need to increase communication with mental health services;
- The need to address concerns about participant stability and implications for the sequencing of services;
- The question of how participants are choosing services and what service options are offered to them;
- The question of how team communication will be maintained over the long term and as participants settle into work and housing; and
- The need to address concerns about participants’ social isolation.

As will be seen in the present report many of these issues have been examined in greater depth during the Year Three evaluation.

### *Year Three Program Implementation*

By the end of Year Three the project was well established. Enrollment remained full, and most (about three-quarters) of the participants had been involved in the project for at least a year. By

June 2006, 26 of the 40 participants (65%) had held at least one job while they were enrolled in HomeWork. Twenty-nine of the participants (73%) were living in stable housing.

The systems for multi-level interagency coordination were in place and were being adjusted as the project evolved. For example, the routine “intake meeting” became the “service coordination meeting” as the need for processing intakes and referrals dropped off. Procedures for service planning meetings were streamlined as the HomeWork employment coordinator introduced new service planning tools. that would be more conducive to increasing participant’s participation in the process and streamlined planning further. In addition to the service coordination meetings, a great deal of interagency communication was occurring between direct-service staff.

HomeWork has also offered training workshops, which have been attended by direct-service and program management staff from partner agencies and from other agencies (such as shelters) that work with participants. The workshops have covered such topics as the HomeWork integrated service model and how to engage people with mental illness.

## **II. The Year Three HomeWork Evaluation: Research Design and Methodology**

The purpose of the Year Three evaluation was to examine the specific ways in which HomeWork has had an impact on its participants. Particular attention was paid to how communication and coordination among agencies has helped participants progress toward their goals, what resources or supports they have found useful, and what systemic challenges or service gaps may be impeding the project’s ability to help participants.

Commonwealth Corporation and the Boston Private Industry Council decided that a case study format would be the best way to get a close look at these issues. The Year Three evaluation consists of six case studies of individuals currently enrolled in HomeWork plus an overall analysis of the key points that emerge when the case studies are viewed together. The information was gathered primarily through interviews with participants and staff and reviews of the participants’ case files at each of the partner agencies.<sup>1</sup> The HomeWork service coordination meeting minutes were also reviewed.

The interviews were guided by the following research questions:

- Who were the participants?
  - How have they been affected by their disability?
  - What were their previous experiences with housing, work and other service systems?
  - What were their goals and needs when they came to HomeWork?
- How did the HomeWork service planning process work?
  - Who participated?
  - What was the process?
  - How did the participants choose services within the HomeWork network?
  - Were their multi-issue needs addressed?

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<sup>1</sup> Commonwealth Corporation obtained the necessary permissions from each organization to review the case files.

- What kinds of coordination and communication occurred among agencies?
  - Who was involved?
  - What did staff at the different agencies know of participants' multiple issues and services?
  - What was their role in addressing these issues?
- What was HomeWork's role in providing access to the following services:
  - Housing resources, advocacy and support?
  - Employment services?
  - Mental health, substance abuse, and medical services?
- What was the participant's experience in using HomeWork employment and residential services?
  - What resources and services were made available?
  - What was the process for planning and choosing services?
  - In which services did the participant engage?
  - Did the services help the participant progress toward his goals?
  - Have there been any barriers to progress, and how are they being addressed?
- What was the participant's experience with disability-related services?
  - How did these services intersect with the participant's employment and residential goals?
- What ongoing-supports are available to participants?
  - Have plans been developed to address identified needs?
  - What is the capacity to sustain these services?
- Are there specific service gaps or systemic issues that are creating barriers to helping participants?
- What ideas do participants and staff have for improving services?

## *Methodology*

The evaluation was conducted by Commonwealth Corporation under contract to the Boston Private Industry Council (PIC), HomeWork's lead agency for the federal grant. CommCorp staff consulted with staff from the Boston PIC in developing the evaluation design, research questions and methodology.

The six case study subjects were selected to represent, as far as possible, a balance of participants from the following categories:

- Employment plus housing: 4 participants, including one who started as "employment only"; employment only: 2 participants
- DMH client: 4; not a DMH client: 2

- History of substance abuse: 4; no substance abuse history: 2
- Inconsistent participation or not currently engaged in a job readiness or work experience program: 2; currently engaged in a subsidized work experience program: 1; competitively employed: 3
- Referred to HomeWork through their HomeWork employment service: 3; referred through DMH: 2; referral source not substantiated: 1.

For the most part, an attempt was made to strike a balance between participants who had been challenging to work with and those who had made significant progress toward achieving their goals.

In order to select a representative group, the evaluator reviewed the entire HomeWork list with project staff to classify the participants according to the categories listed above and to eliminate those who probably would not be able to participate. A shorter list was compiled based on this first screening process, and representatives from each of the HomeWork partner organizations were then consulted to reach agreement on a final list.

The participants on the list were then approached and asked to be a part of the study. Those who agreed were asked to sign a release form allowing the evaluator to interview their case managers and examine their case files, and they were given a stipend of \$30 after they completed their interview with the evaluator. In addition to the interviews with participants, interviews were conducted with their primary employment, housing, mental health, or substance abuse service staff. In addition, the evaluator reviewed the participants' case files at each of the relevant partner organizations. These organizations are listed below.

- Justice Resource Institute: housing resources and services (3 staff; 4 case study subjects)
- Action for Boston Community Development: housing resources and services (1 staff; 1 case study subject)
- Massachusetts Department of Mental Health (2 staff; 2 case study subjects)
- Two Community Rehabilitation Service agencies (2 staff; 2 case study subjects)
- Victory Projects Inc.: substance abuse services (1 staff; 1 case study subject)
- Project Place: employment services (2 staff; 3 case study subjects)
- Community Work Services, employment services (3 staff; 2 case study subjects)
- New England Shelter for Homeless Veterans: shelter and employment services (1 staff interviewed, 1 case study subject)
- JobNet: HomeWork employment coordinator
- DMH Director of Housing services: phone interview

## *Organization of This Report*

This report follows closely the format that was used in each of the six case studies, all of which are included in the appendix. Following this introductory section, the report compares the six case study subjects in terms of their demographic characteristics and their backgrounds prior to entering HomeWork. A brief section describes how the different participants became involved in the project, and this is followed by an overview of the key HomeWork activities pertaining to the different participants.

The next section looks more closely at the specific services used by the participants since their enrollment in HomeWork, with separate sub-sections dealing with housing, employment, mental health, substance abuse, and other medical services. This is followed by two sections that examine in depth the service planning and coordination activities of HomeWork and the extent to which those activities have been extended to address participants' long-term and future needs.

The concluding section of the report draws upon the discussion that precedes it to enumerate and describe the major strengths exhibited by the HomeWork project to date and to identify some emerging issues the project team may wish to address in the coming years.

### III. The Case Study Participants: Background and Case Histories Prior to Enrollment in HomeWork

Table 1, below, presents key demographic and case history characteristics of the six case study subjects.

**Table 1: Characteristics of Case Study Participants**

Name	Age	Race	Educa-tion*	Veteran (Y/N)	Diagnosed Mental Ill-ness (Y/N)	History of Substance Abuse	CORI (Y/N)	Period of Homeless-ness**
Andy	46	Afr-Amer	HS + 2	N	Y	Y	Y	20 years
Don	62	White	HS	Y	Y	N	N	8 years
Fred	26	White	Grade 9	N	Y	Y	Y	18 mos.
Gary	54	Afr-Amer	Gr. 10	N	N	Y	Y	18 mos.***
Rick	46	White	HS + 1	Y	Y	Y	N	2.5 years
Stan	56	White	HS	Y	N	N	N	18 mos.

- \* HS = completed high school; HS + 1 or 2 = high school diploma plus 1 or 2 years of college
- \*\* Period of continuous homelessness prior to entering HomeWork.
- \*\*\* Intermittently homeless for 3 years prior to period of continuous homelessness.

All six of the case study participants are men, of whom four are white and two are African-American. All speak English as their primary language. Five of the men are between 46 and 62 years old and one is 26. Two did not complete high school, while the other four were high school graduates, with two having had some college experience. Three were veterans—Stan with 25 years as an army reservist, and Don and Rick with three and four years, respectively, in the army. Three had criminal (CORI) records.

Disability has had a major impact on the capacity of at least five of these men to live independently and maintain competitive employment. Four have been diagnosed with a major mental illness, and, of these, three have a dual diagnosis (both mental illness and substance abuse disorder) and have had multiple psychiatric hospitalizations. Three were Department of Mental Health (DMH) clients at the time of their referral to HomeWork, and the fourth became a DMH client after enrolling in HomeWork. As for the two who have not been diagnosed with mental illness, one has shown signs of depression and has had serious problems with substance abuse; the other has not had a substance abuse problem but does suffer from depression.

At the time of their referral to HomeWork, all of the men had been living in shelters for periods lasting from about one and a half to eight years. Before coming to the shelter, two had been homeless intermittently for a period of one to two and a half years, and one had been intermittently homeless for 20 years.

Earlier in their lives, before the impact of their mental illness and substance abuse became severe, four of the older men had held skilled jobs for between three and eight years. Five worked at occasional short-term, unskilled jobs while they were homeless; the sixth (Andy) held occasional paraprofessional jobs for up to about eight months.

Of the four men with diagnosed mental illness, two (Don and Fred) were considered to be quite stable psychologically when they were referred to HomeWork. Another (Rick) was considered somewhat stable, but there was some concern that his mental illness and the side effects of his medications would be barriers to employment. It was expected that these three would be able to live independently and learn job skills, but they would need help with managing their anxiety and behavioral problems and, for two of them (Fred and Rick), to stay substance-free. Andy's stability was more recently emerging, and his sobriety was more fragile; it was expected that he would need major support so as not to feel overwhelmed. The three older men (Don, Andy and Rick) had previously experienced cycles of stability and instability over the course of their illness. When they were stable, all three had been able to hold jobs for between six months and two years.

Stan and Gary, the two men who did not have a diagnosis of mental illness, were both stable at the time of their referral to HomeWork, although one (Gary) had ongoing physical problems.

For three of the four participants with substance abuse problems, the length of their sobriety at the time of their referral to HomeWork is difficult to ascertain because of conflicting information. All four were participating in Alcoholics Anonymous (AA) and, in some cases, Narcotics Anonymous (NA) at the time of referral to HomeWork.

Prior to entering HomeWork, all of the men in the study had participated in DMH-sponsored rehabilitation programs or in employment-related programs that were operated by the shelters in which they were living. None of them reported having been placed in paying, competitive jobs through these programs. At the time they were referred to HomeWork, three were already active in a job program, and they continued to participate in those programs after they entered HomeWork.

#### **IV. Enrollment in HomeWork**

Three of the six participants (Don, Rick, and Gary) were initially accepted to HomeWork as "employment and housing candidates," and it was expected that Andy would also be transferred to that category as soon his eligibility for housing was cleared. Two others (Fred and Stan) were accepted as "employment only" participants. Fred, however, was transferred to the "employment and housing" category when he later became a DMH client.

During their interviews, most of the participants said they understood at the time they entered HomeWork that it would help them with both housing and employment. Two of them—Andy and Rick—were most attracted to the housing part of HomeWork, although they said they were also interested in employment. Don, an "employment and housing" candidate seemed equally interested in both aspects of the program.

Of the six participants, two of the DMH clients (Don and Rick) were initially referred to HomeWork by their DMH case manager or DMH-funded Community Rehabilitation Services (CRS) worker, and the third DMH client (Andy) was referred by Project Place, with the

assistance of his CRS worker and DMH caseworkers. Of the three non-DMH clients (Fred, Gary, and Stan), all were referred by HomeWork employment service partners.

## V. Key HomeWork Activities

This section summarizes the principal ways that HomeWork has acted on behalf of the six participants in the study. These key activities are also discussed at greater length in later sections of this report.

**Table 2: Key HomeWork Activities**

Type of Activity	Andy	Don	Fred	Gary	Rick	Stan
Planning and coordination	✓	✓	✓	✓	✓	✓
Housing services	✓	✓	✓	✓	✓	
Referral to employment services		✓			✓	*
Funding for employment services	✓	✓	✓	✓	✓	✓
Referral to mental health services			✓			
Referral to substance abuse svcs.				✓		

\* Information not available.

As shown in Table 2, above, two kinds of HomeWork activities were carried out for all six participants: service planning and coordination, and funding for employment services. One other activity—housing services—applies to five of the six cases, while the other activities on the list were relevant to smaller numbers of participants. An overview of the different activities is presented below.

### *1. Planning and Coordination*

For each of the six participants, HomeWork brought together employment and housing service staff to facilitate communication. As a result, staff from the different organizations were informed about the participants' multiple issues and needs, usually including their mental health and substance abuse problems. With this knowledge, they developed coordinated plans to meet those needs.

Planning and coordination took place in several different kinds of forums:

- Integrated Service Plan (ISP) meetings, which were held every six months to a year, enabled participants to meet with their HomeWork service providers to review their progress, identify next steps, clarify roles and responsibilities, and address unmet needs.
- Service coordination meetings were scheduled on a regular basis. Attended by representatives from the partner organizations, they provided a forum for updating the partners on the participants' status and discussing program-wide issues. Sometimes, more in-depth discussions also took place at these meetings about individual participants.

- *Ad hoc* meetings were called to address problems as they arose and to decide upon strategies to address them. These were attended by the participants and varying combinations of direct service staff, program managers, and HomeWork project staff.

The types and frequency of meetings varied from case to case, depending upon the depth and urgency of the needs presented by each participant. In the case of Rick, for example, at least nine HomeWork meetings were held over the course of his two years in the program. Further, in addition to the different kinds of meetings just described, staff from the HomeWork partner organizations contacted one another often by phone and email to address participant needs as they arose.

While the HomeWork meetings almost always involved staff from the participating employment and housing service provider organizations, they occasionally included staff from organizations providing mental health and substance abuse treatment services as well. In the case of the two men who have been actively involved in substance abuse programs, key staff from those programs have either participated directly in the HomeWork team meetings or were part of the communication loop via phone and email. The mental health link, on the other hand, has been somewhat less consistent. Staff from the relevant mental health organizations (DMH and CRS) participated actively in HomeWork in two cases and were relatively inactive in two others. This issue will be discussed in more detail in a later section of this report.

## *2. Access to Housing Resources*

HomeWork has helped five of the six men gain access to housing. As “employment plus housing” participants in HomeWork, these five individuals received “Shelter Plus Care” certificates to pay for their housing. They were also provided with housing advocacy and long-term support services, including help in finding an apartment.

In two instances, the housing services provided by the HomeWork partners also involved some advocacy on behalf of participants. In one case, they advocated on behalf of a participant (Andy) whose housing application was in question because of his criminal record. In another case (Gary’s), the partners worked together to have his housing certificate placed “on hold” while he was attending a residential treatment program for substance abuse.

## *3. Referral to and Funding of Employment Services*

HomeWork’s role in referring participants to employment services varied considerably. Three participants (Fred, Andy, and Gary) were referred to the program by the employment service with which they were already active before enrolling in HomeWork. After entering HomeWork, each stayed on with his referring employment service. In two other cases (Fred and Rick), HomeWork did facilitate the referral to an employment partner, and in the sixth case (Stan) it is unclear whether he was referred to his employment service as part of the HomeWork enrollment process or had chosen that service independently of HomeWork.

Regardless of the referral mechanism, once these participants were accepted into HomeWork, the project provided their employment services with funds to cover the additional staff time expected to be spent on coordination and other activities on behalf of HomeWork participants.

#### 4. Referral to DMH and Substance Abuse Services

HomeWork worked closely with a homeless shelter to refer one participant (Fred) to DMH, and it was instrumental in the case of another participant (Gary) in helping him decide to enter a residential substance abuse treatment program.

### VI. Services and Activities Since Enrollment in HomeWork

This section of the report discusses in greater depth key areas of concern for the six case study participants: housing, employment, mental health, and substance abuse services. The discussion begins with a closer look at housing services.

#### 1. Housing Services

All of the participants were chronically homeless when they enrolled in HomeWork. They had lived continuously in homeless shelters for periods ranging from eighteen months to eight years. Most had also been homeless intermittently for longer periods, up to twenty years, during which time they stayed with friends, in shelters, or on the streets. Four of the six had had some previous experience living independently. The two who did not were Fred, the youngest, who lived with his parents before he became homeless, and Andy, who said that he had never had “control” over his own living space before he joined HomeWork.

**Table 3: Housing Status of Case Study Participants**

	Andy	Don	Fred	Gary	Rick	Stan
Received HomeWork housing certificate	✓	✓	✓	✓	✓	
Currently housed in own apartment	✓	✓			✓	✓
Housing support organization	JRI	JRI	JRI	ABCD	JRI	NESHV

As shown in Table 3, above, five of the participants—all but Stan—were recipients of Shelter-Plus-Care housing certificates through HomeWork. This gave them access to housing advocacy and support services either from the Justice Resource Institute (JRI) or Action for Boston Community Development (ABCD). With the assistance of those agencies’ housing support coordinators, four participants have found and moved into their own apartments, often with some additional help to furnish and supply their apartments. Fred, the fifth “employment plus housing” participant, is currently involved in a housing search. Stan, the only one of the six who was enrolled in HomeWork as an “employment only” participant, moved into a single-room-occupancy unit at the New England Shelter for Homeless Veterans (NESHV) with the assistance of the veteran s’ services at the shelter.

The participants who did move into their own housing all described the support they received, including home visits from their housing support coordinators, as helpful. Three men—Don,

Rick and Stan—made the transition with ease, quickly re-establishing their independent living skills. The other two—Andy and Gary—felt more challenged by the change and seemed particularly to appreciate the meetings with their support workers. Even though they have all been living on their own now for over a year, four of them have maintained either phone or face-to-face contact with their support workers several times a month.

Having their own home has clearly made an important difference in the lives of these men. They spoke especially about the value of independence, stability, and having a place to keep themselves organized. Now that they are settled, some have spoken with their housing workers about how lonely it is to live on their own; and all of the men, whether housed or not, emphasized how important it is for them to develop social relationships and become involved in meaningful activities. Andy, for example, described his involvement with his church and Greg his new friendships as being central to turning their lives around.

One issue that came up for two of the men was that their apartments are located in heavy drug use areas. Andy intends to move to a different area, as does Greg when he resumes his housing search.

## 2. Employment Services

As shown in Table 4, below, three of the six participants in the study were employed as of October 2006. One other (Gary) had recently received a tentative job offer. Among those employed were the two—Don and Stan—who were the least disabled, plus Fred, the youngest of the six participants.

**Table 4: Employment Status of Case Study Participants**

	Andy	Don	Fred	Gary	Rick	Stan
Currently employed (as of October 2006)		✓	✓*			✓
Employment service selected <i>before</i> HomeWork enrollment	✓		✓	✓		**
Employment service selected <i>after</i> HomeWork enrollment		✓			✓	
Participated in work experience program	✓	✓	✓	✓		✓
Name of employment service***	PP, MRC	CWS	PP	CWS	CAR	PP, NEHSV

\* Intermittent full-time job. He was on temporary lay-off at the time he was interviewed in the summer of 2006.

\*\* Information inconclusive.

\*\*\* **CAR**: Career Advancement Resources; **CWS**: Community Work Services; **MRC**: Massachusetts Rehabilitation Commission; **NEHSV**: New England Shelter for Homeless Veterans; **PP**: Project Place.

For most of the six participants, the process of choosing an employment service did not entail reviewing the different program options available under HomeWork. Three of the men (Andy, Fred and Gary) were already participating in employment programs before they entered HomeWork. In fact, it was those programs that had referred them to HomeWork in the first place, and they continued to be involved with the same programs after they became HomeWork

participants. Among the other three, Rick decided to reactivate his inactive status with CAR after he joined HomeWork, and it is not clear from the available information whether Stan became involved with Project Place before or after he started participating in HomeWork. Don was the only one who clearly made a choice of programs after entering HomeWork and after considering the different options available to him.

In two cases, participants have transferred from one employment service to another during the time they have been enrolled in HomeWork. After participating in a work experience program at Project Place for about six months, Stan found a full-time job in the cafeteria at the New England Shelter for Homeless Veterans (a HomeWork partner organization), where he was already living. NESHV took over from Project Place as his designated HomeWork employment service, and his NESHV caseworker participated in the HomeWork coordination activities involving Stan.

In the other case, Andy completed a job readiness program at Project Place after entering HomeWork but then broke off contact with that organization for several months. Later, during a HomeWork ISP meeting, he told his HomeWork team that he had received vocational testing and the promise of funds from the Massachusetts Rehabilitation Commission to attend beauty school in the fall. MRC is not a HomeWork partner and did not become involved in the HomeWork coordination process.

As for the kinds of services provided by the different employment programs, these included job exploration and work readiness activities, work experience programs, assistance with job search and more intensive job development and placement. Job exploration might range from having a very basic conversation about job interests and needs to a thorough examination of different options, including talking to workers in different fields and developing a specific list of required job characteristics. In all cases, the participants discussed their job skills, needs and interests with their employment service workers, and some had similar discussions with the HomeWork employment coordinator. Often, these discussions took place after the participants had started their work experience programs and were beginning to plan their job search. One employment service worker suggested that it would be beneficial to engage in a more intensive process of identifying interests and needs before choosing a work experience program.

Five of the participants participated in work experience activities as a first step in their programs at Project Place and CWS, and all spoke very positively of those programs as transitional experiences that helped them build confidence and gain relevant skills, experience and references. Work experiences ranged from unskilled jobs, such as street sweeping, to semi-skilled work, including a clerical internship. Interestingly, Rick, the one participant who was not involved in a work experience program, did work on a temporary job, which several staff thought was pivotal in giving him a similar boost of confidence.

As the participants moved on from their work programs to job search, almost all met with their employment support workers for help developing their résumés, completing on-line job applications, and practicing interviewing skills. The employment services also gave them specific job leads and taught them how to find and research job listings.

Three of the six participants (Don, Fred and Stan) were employed in competitive jobs at the time of their case study interviews, and their employment services played a major role in placing two of them (Fred and Don) in their jobs. In Don's case, CWS arranged the interview and then an internship (paid for by CWS) to ease his transition to a full-time job in a bakery and sandwich shop. Fred's job came about through an arrangement Project Place has with the City of Boston to employ its clients as intermittent workers to empty public trash receptacles, though he did have to go through a hiring process. In Stan's case, he was already a resident and volunteer at NESHV, which led to his being hired to work in the shelter's cafeteria. All of the placements were in line with what the participants said they were looking for in a job, although Fred was anxious about whether his job with the city would turn into the full-time, permanent job he wanted.

Typically, the employment service programs provide references and contact employers they know to encourage them to consider their clients' applications. On a more intensive level, they might also develop new employer contacts and arrange for and accompany participants to job interviews, but the participants were not always interested in these services. Gary and Rick, for example, refused initial offers by their CAR and CWS caseworkers to help them make employer contacts. They became more interested in taking advantage of those services, however, after some of the barriers standing in their way were addressed—entering a substance abuse treatment program in Gary's case and having his medications adjusted in Rick's. For these two men, and for Andy as well, ongoing and persistent outreach by the whole HomeWork team has been key to their maintaining involvement with their employment services.

Once the participants were employed, the employment support workers were available to meet with them on an ongoing basis, whether on or off the job site. Participants generally preferred off-site or anonymous job site visits. Within a few weeks of placement, contact became much less frequent but was maintained as the participants entered a post-placement support status. Some level of employer contact was maintained during the initial period, but became infrequent or stopped as it became apparent that they were settled into their jobs. According to the staff who were interviewed, it is important, too, that all of the three men who are employed have supportive environments in which to work.

### *3. Mental Health Services*

Four of the six participants (Andy, Don, Fred and Rick) were actively using case management services, either provided directly by the Department of Mental Health (DMH) or by Community Rehabilitation Services (CRS) under contract to DMH. The frequency of their meetings with their caseworkers ranged from once every three months to almost twice weekly, depending on the level of need.

The case managers described their role as monitoring the participants' mental health status, working with them to identify their overall goals, and addressing their needs through service referrals and linkages. They also maintain frequent communication, they said, with their clients' service providers, including psychiatrists, DMH-funded rehabilitation programs, landlords, and college counselors. (Their coordination with HomeWork is described later in this report.)

Each DMH participant is seen routinely by a psychiatrist, and the two who are with CRS (Andy and Rick) receive additional medication monitoring to help them develop medication self-management skills. Fred's DMH case manager was also considering referring him to CRS so that his medications could be monitored more closely. Both of the CRS workers involved said that once their clients (Andy and Rick) are stable for six months (including participation in a structured activity during the day), they will be transferred back for direct DMH case management.

Three of the participants spoke of their mental health caseworkers as a significant part of their support network. All of the DMH case managers and CRS caseworkers were aware of their clients' housing situations, and they routinely discussed vocational goals and concerns at their regular meetings with them.

The two other HomeWork participants were not DMH clients. Gary, however, had seen a therapist at the Boston Medical Center, with the assistance of CWS. The sixth participant (Stan) was not interested in mental health services, but the team members noted that, as a veteran, he would have access to them if there were a need.

#### *4. Substance Abuse Services*

Substance abuse has been a major factor underlying the homelessness of many of the participants. Four of the men (Andy, Fred, Gary and Rick) have serious substance abuse problems. Andy, Fred and Rick have a dual diagnosis of mental illness coupled with substance abuse disorder, and the fourth (Gary) has problems with depression and anxiety.

At the time of their referral to HomeWork, all four of the men were substance-free, and three of them (all except Fred) were reportedly participating regularly in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings. One (Rick) had attended a dual-diagnosis support and education group, and two (Fred and Gary) were involved in the substance abuse programs at their shelters.

By the time of their interviews, the situation for at least two participants (Gary and Andy) had changed, and seemed to be on the cusp of changing for a third (Fred). As a result of a coordinated intervention by the HomeWork team, Gary had decided to enter the residential substance abuse treatment program at Victory Programs Incorporated (VPI). By all accounts, he has benefited greatly from being at VPI, which is notable for the active support role played by staff and its emphasis on fostering responsible decision making and building peer supports.

Andy, now living in his own room, had increased his attendance at AA and NA meetings to almost daily, but he was no longer participating in the program at his former shelter and was not engaged in any type of structured substance abuse program. As for Fred, staff members were concerned that he would also be losing his substance abuse services once he leaves the shelter where he is now staying and moves into his own apartment. There was a concern that both men would need more structured substance abuse services than AA and NA meetings alone can provide—services such as peer support or educational groups, counseling, blood tests, and other

monitoring services. A few staff stressed that they do not have the capacity to provide this type of regular monitoring, but they felt it was important.

In addition, it was suggested that it would be helpful to have knowledgeable substance abuse consultants available to the HomeWork team to augment their capacity to assess whether participants have substance abuse problems and to engage those who need services. Another suggestion was that it would be useful to have more information on participants' substance abuse history from the referring agencies or during intake, including information on how to prevent relapses.

### *5. Other Medical Issues*

Several HomeWork participants have other major health problems, including emphysema, neglected dental health, and high blood pressure. Members of the HomeWork team have been helping these participants gain access to the medical treatment they need. In at least two cases (Gary and Rick), these medical issues presented significant barriers that needed to be addressed before they could move forward on in a focused manner toward achieving their employment goals.

## **VII. Service Planning and Coordination under HomeWork**

HomeWork has provided a platform for coordination among the residential and employment service staff members working with each of the six case study participants. This level of contact between employment and residential staff is new, according to several of those who were interviewed. In addition, when participants are receiving substance abuse services, staff from those service providers have also been active members of the HomeWork team. Mental health services, on the other hand, have less consistently been represented in the HomeWork coordination process, as will be seen in greater detail below.

The principal venues for communication among team members have been the routine service coordination meetings and Integrated Service Plan (ISP) meetings held for each HomeWork participant. At these meetings, residential and employment staff, as well as the HomeWork program staff, are brought up to date on each participant's status in all service areas, including residential, employment, mental health, and (when the information is available) substance abuse. By attending the meetings, the members of the HomeWork team learn about problems that require special attention, leading to additional communication among team members by phone and email. A great deal of coordination has been done this way, and many staff commented on how accessible the other team members have been.

ISP meetings for each participant are held every six months to a year. The meetings are attended by the participants themselves, their residential and employment caseworkers, HomeWork staff, and, sometimes, by substance abuse and mental health caseworkers. Additional *ad hoc* meetings are called when problems arise, such as the meetings that led to Gary's enrollment in the VPI substance abuse program and the meeting with Don to help him decide upon a course of action after he was laid off from his first job after joining HomeWork.

The participants themselves have played an active role in these meetings. Two participants (Andy and Stan) said that they “took the lead” at the meetings to clarify their goals and plans for the team, and they complimented the team for accepting the pace of planning they wanted to set for themselves. Another participant (Gary), said that one of the benefits of the meetings is to be held “accountable” to a group of people, giving him the stimulus he needs to take more responsibility for himself. Participants also mentioned that the service planning meetings have helped them decide upon their next steps and clarify the roles of the different service providers.

The HomeWork team seems to pay the most attention to newly enrolled participants and those who are at key transitional points or are having problems. For example, when the members of the team learned that Andy and Rick were not engaging in employment services, they began a concerted effort to address this problem working through both men’s housing support staff, who did continue to have contact with them. Given this emphasis on solving problems, some team members are concerned that too little attention is being paid to those participants whose employment and housing situations are relatively stable. In Don’s case, for example, there is some concern that he might be “slipping under the radar” now that he has settled into his job. As one residential worker put it, it is important to stay aware of how everyone is doing because any “red flags” (for relapse or other problems) need to be dealt with immediately. To address this issue, the HomeWork employment coordinator has begun developing a system to stay up to date on the situations of all the participants while leaving sufficient time at meetings to address specific problems.

As mentioned above, there has been considerable variation in the extent to which mental health service staff from DMH and CRS have participated in the HomeWork coordination process. While staff members from those agencies have discussed employment concerns in individual meetings with their clients, only Don’s and Rick’s caseworkers have attended at least some HomeWork service coordination meetings or communicated regularly with their clients’ employment service staff. In the other two cases, Andy’s and Fred’s caseworkers knew their clients were participating in HomeWork, but they were under the impression that HomeWork was concerned primarily with housing, and they were not aware that they were also receiving services from Project Place. Lacking information about the employment services their clients were already receiving, both caseworkers were considering referring them to other employment or educational support providers. After learning more about HomeWork, however, they both said they would be interested in participating in future ISP meetings.

A related issue, brought up by several staff, is the need for more information about participants’ substance abuse and mental health problems. This would help staff recognize warning signs earlier and inform them about individual participants’ relapse planning strategies.

Several suggestions were made to improve the flow of information to improve staff’s ability to help participants manage their mental health and sobriety. These included increasing the involvement of mental health service providers, offering more staff training, and gathering more specific information at the time of referral and intake.

## VIII. Planning for Long-term and Future Needs

All of the HomeWork partner organizations have the capacity to offer ongoing support services to participants as they move into their own homes and find employment. The intensity of these services varies by frequency of contact and whether or not the service provider can take the initiative in reaching out to participants. HomeWork's role has been to work with each participant and his team to develop a plan for needed long-term supports, even as one or more of the partners may have to terminate or reduce the level of their services within prescribed time limits.

The employment service organizations participating in HomeWork have different post-placement policies. CAR's services are available as needed on an ongoing basis, but both CWS and Project Place shift their clients into a post-placement support status when certain milestones have been reached. For CWS, this happens 90 days after placement in a job; for Project Place, after the participant has completed a work experience program. Partially as a result of its experience with Don and similar clients, CWS applied for and was awarded a grant to augment its post-placement support services. Now, with these expanded services, Don meets every other week with a post-placement support worker and talks with her about a range of topics, from retirement planning to developing a more satisfying social life. The new CWS policy allows her to do active outreach to post-placement clients for fifteen months and then to continue offering assistance when a client takes the initiative to seek her out.

At Project Place, both Andy and Fred will be in post-placement status for more than two years, during which their case workers will contact them several times each quarter and offer to visit or meet with them. After that, there is an "open door" policy. Both Andy's and Fred's caseworkers said that they would be able to increase their involvement as needed.

The five men in the study who have received housing certificates (all but Stan) will have access to residential support services as long as they are interested. Over the long run, as the employment services pull back, these staff may become the front line of ongoing contact and monitoring, and they generally describe themselves as being proactive in reaching out to their clients. The residential support workers all said that they talk with the participants about their work, monitor their mental health and sobriety status, and encourage them to maintain contact with other services. With respect to employment services, one residential caseworker described her role as "checking in," sometimes addressing specific issues, such as dressing appropriately for work, but not becoming involved in larger worksite issues, such as problems with co-workers. Should such problems arise, she said, she would refer her client back to employment services. The HomeWork employment coordinator expressed concern that without reimbursement or some type of contractual arrangement, the residential service programs would not be able to sustain their current level of outreach.

As for DMH case management services, they are available on an ongoing basis but at limited frequency. Don, for example, has contact with his DMH case manager once every three months, and Andy and Rick will be able to meet with their case managers once a month after CRS transfers them back to DMH. The HomeWork employment coordinator doubts that the DMH

case managers will have frequent enough contact with their clients to meet their ongoing support needs, including the capacity to intervene quickly when problems arise.

With respect to substance abuse services, support workers for Andy and Fred were concerned that the twelve-step recovery programs offered by AA and NA are not structured enough to meet their needs. Alternative substance abuse services have not been incorporated into those participants' ISPs, and there was some question about whether the services were currently available. Also of concern to some staff is the lack of capacity to monitor participants, such as Andy and Gary, for substance abuse over the long run, although Gary will have access to ongoing support through VPI over the next two years.

In addition to the services just discussed, the importance of peer supports, social contacts and involvement in community activities emerged as central to most participants and often pivotal to their future well-being. Andy said that his participation in church is key, and Gary stated that his newly developed friendships, fostered through his involvement with VPI, will be a major part of his future support system.

Finally, the HomeWork employment coordinator and residential service staff expressed the view that some participants, such as Gary and Don, may benefit from ongoing, even if very occasional, employer contact. Don's direct service support staff were not certain whether ongoing employer contact would be available, and it had yet to be determined whether the agencies serving him would continue such contact once the post-placement phase has ended.

## **IX. Conclusions: Major Strengths and Emerging Issues**

A number of key findings emerge from the comparative analysis of the six case studies. These are presented below in two parts:

- Major Strengths: What does HomeWork do best?
- Emerging Issues: What are some key issues to be addressed in the future?

The discussion begins with a consideration of HomeWork's major strengths.

### *Major Strengths*

#### **1. Communication, Planning and Coordination**

HomeWork has established a platform for communication, planning and coordination among organizations providing residential, employment, substance abuse and, in some cases, mental health services. The partners have a sense of being a team and are accessible to one another and to participants.

The direct service staff are aware of the participants' different issues, needs, and, in most cases, the different services they are using. Staff see themselves as playing a role in helping participants address these multiple issues, even those that are outside their own service area, and reinforcing

their participation in the other services. Several staff expressed interest in broadening their knowledge, particularly to improve their understanding of how to help participants manage the impact of their disabilities on their daily lives.

Regular service coordination meetings and Integrated Service Plan meetings involving participants and the different partner organizations provide a structure to bring the concerned parties together and share important information about each participant and the services he is receiving. The organizational role of the HomeWork staff is key to making sure these meetings take place. The meetings are often a springboard for further communication and problem solving, either through additional *ad hoc* meetings or through individual phone and email contacts.

Much of the coordinated planning happens at the Integrated Service Plan meetings, which most participants said have been helpful in laying out next steps and roles, both for themselves and the staff. Participants said that being involved in the service planning process gives them an impetus to keep moving forward toward achieving their goals. They also spoke of being able to proceed at their own pace, usually taking small steps rather than large ones, and they expressed their appreciation that the HomeWork team works with them at the pace they want to set for themselves.

Also notable is HomeWork's flexibility with regard to the sequencing of services. Some participants have preferred to settle into their own housing before looking for work, others to start looking for a job first, and still others to focus on whatever happens first. In each case, the HomeWork team has been willing to help the participants move forward according to their own preferences and circumstances.

## **2. Access and Advocacy**

HomeWork's team approach facilitates access to important housing, health, and employment resources and helps participants overcome critical barriers standing in the way of their progress toward stable housing and employment.

Through its arrangements with DMH, JRI, ABCD, and the Metropolitan Boston Housing Partnership, HomeWork made it possible for five of the six participants in the study to receive housing vouchers and helped one participant (Gary) to retain his housing certificate when he was threatened with eviction. The four participants who are DMH clients were already eligible for JRI's housing advocacy and support services before they entered HomeWork, and would have been eligible for housing vouchers as well, but it was not until they became active in HomeWork that they were referred to JRI, a HomeWork partner.

The HomeWork team has also facilitated access to key employment, health and disability services and has advocated on behalf of participants to receive services that might not otherwise have been available.

### **3. Job Placement**

With the support of their employment services and the whole HomeWork team, three of the case study participants are now working in competitive jobs. The partner employment services played a central role in making two of the job placements possible by working closely with the employers, and the third participant was hired by a HomeWork partner.

HomeWork's contribution to these job placements has been to ensure that a full and coordinated array of services and resources have been available to support the participants as they seek and find jobs, including housing supports, substance abuse, and mental health services. By coordinating these services and linking them with employment, HomeWork has helped to ensure smooth transitions to employment for all three of those who are now employed.

### **4. Outreach and Persistence**

The HomeWork team exhibits a great deal of persistence in reaching out to participants who are having problems or not engaging in services. The result of this persistence has been that all six case study participants are still in contact with their HomeWork team and engaging in at least some services. During the course of their involvement in HomeWork, some had minimal follow-through with their employment service plans for extended periods, and the HomeWork team responded with outreach by team members and *ad hoc* problem-solving meetings. Without the benefit of the HomeWork team's persistence some of these participants would have been likely to drop out or be discharged from services. Instead, they are not only still active, but they have become more engaged in services.

### **5. Continuity**

HomeWork provides for the continuity of service coordination and planning, which helps mitigate the destabilizing effects of frequent staff turnover among partner organizations. Most of the case study participants have experienced turnover in one or more of their direct service caseworkers during their time in HomeWork. HomeWork keeps the team meetings going, incorporates new staff onto the team, encourages them to participate, and reinforces the value of coordinated services over time in spite of changes in personnel.

Some of the employment services are now assigning all of their HomeWork clients to one caseworker, who also serves their representative to the HomeWork team and participates in service coordination meetings. This also helps to enhance the stability of the teams.

### *Emerging Issues*

The following issues have emerged as needing some attention as the members of the HomeWork partnership work to refine the program in the future.

## **1. Participation by mental health services.**

HomeWork has made strides in incorporating participants' mental health services into the team process. DMH is a HomeWork partner and has a representative on the HomeWork team, and two participants' mental health caseworkers (one each from DMH and CRS) have attended meetings and shared relevant information with the other members of the HomeWork team.

The DMH and CRS caseworkers for two other participants, however, have not been part of the HomeWork team. These caseworkers did discuss employment issues with their clients but were not aware of the employment services they were already receiving, and they were considering referring them to other employment programs.

This information gap on the mental health services side appears on the HomeWork planning side as well, since the comprehensive planning and coordinative functions of HomeWork can be limited by the lack of specific and relevant information about mental health issues and the inability to make fully informed planning decisions. There is a need, therefore, for more consistent involvement of mental health services on the team.

In addition to these critical planning functions, some staff have suggested that the HomeWork team could improve its capacity to support participants in managing the impact of their illness on their daily lives and act more proactively when problems occur if more information were available about the strategies participants have developed, early indicators of problems, relapse prevention and intervention approaches.

## **2. Knowledge of substance abuse triggers and relapse management strategies.**

Several employment service staff pointed to the need to strengthen team members' knowledge of substance abuse issues and their ability to respond to them—an indication of the project's progress, because it shows that those staff see involvement in disability issues as part of their role. Suggestions for remedying this problem included providing additional staff training and hiring a consultant to help identify participants who may have substance abuse issues and engage them in appropriate services.

## **4. Access to structured substance abuse services**

The need for structured substance abuse services—more structured than the twelve-step programs and less intensive than residential treatment—was identified for two participants as a significant area of need. Resources to meet that need had not been identified.

## **4. The challenge of responding to individual needs proactively.**

Sometimes a lack of information, especially in the areas of substance abuse and mental health, limits the extent to which the HomeWork team can take the initiative in addressing individual problems. For example, some staff said they would have intervened earlier to address Gary's relapse if they had been aware of his substance abuse history.

There were also situations where it seems warranted to question whether HomeWork might have been able to deal with problems more quickly and more effectively by taking a more proactive stance (for example, Rick's medication problem) or even anticipate situations that could evolve into problems (such as the lack of structure to Fred's time when he is not working) and work with the participants to make adjustments, find resources, or provide increased support, if they are interested.

There are three aspects of this problem to consider. One is the need for access to the information; another is to the need to develop a process to stay aware of what the issues are for individual participants; and the third is to have the knowledge and skills to work with the participants to identify and provide whatever assistance is called for.

## **5. Expanding employment service options.**

One of the explicitly stated features of the original HomeWork design is the concept of consumer choice—that each HomeWork participant is to be presented with a variety of service options to address his or her own individual employment needs and preferences. There is to be a choice, therefore, among different programs with different combinations of services, including job exploration activities, work readiness, occupational training, work experience programs, paid internships, job search assistance, individualized job development, and on-the-job supports.

A review of the six case studies shows that Don, who was not involved with an employment program at the time of referral, was the only one who clearly had the full range of employment program options explained to him and was helped to make a choice based on those options. In three other cases, the participants remained with the employment services that initially referred them to HomeWork. Each of those participants was already involved in a work activity he was satisfied with and chose to complete the program he had begun. Upon entering the job search stage, however, there is no indication that they had the opportunity to consider the range of alternative options available through the HomeWork network. This would be a particularly valuable time to examine the options available, because the different employment services offer different approaches to job placement, and the choice of employment service could determine what type of assistance is available to get a job. Because different arrays of services are appropriate for different clients, and because the notion of informed choice is a stated value of HomeWork, the HomeWork partners may wish to re-visit this issue to determine whether it is being addressed adequately.

A corollary to this point is the question of whether participants should be encouraged to consider other programs that are not currently part of the HomeWork partnership or whether efforts should be made to bring such programs into the partnership. A case in point is MRC (the Massachusetts Rehabilitation Commission), which was selected independently by one case study participant (Andy) to provide him with various services and was also mentioned in connection with two others (Fred and Rick) as a potential provider of employment services.

## **6. The need to cultivate community and peer supports.**

The value of peer supports and community involvement was highlighted during most interviews with participants and staff, especially when participants were asked what they needed to make their lives better in the future. These included peer relationships that were intentionally fostered by the programs (e.g., the VPI peer support groups), mentorship relationships with work supervisors, and involvement in church or other activities in the community.

In this regard, the HomeWork partnership may wish to consider pursuing connections with organizations and programs that specifically address this issue. Two such programs in the Boston area are the Boston University Center for Psychiatric Rehabilitation ( 617/353-3549) and M-POWER (617/442-4111).

## **7. The issue of long-term services and supports.**

In some ways, the key to HomeWork's ability to assist participants over the long run is whether it can provide continuing services both to support their growth and to help solve problems if and when they occur. Only two of the participants (Don and Stan) were clearly in this stage of services, but some issues emerged which are important to note.

Currently, two of HomeWork's partner employment organizations cease active outreach to participants who have been in a post-placement support status after a stated period of time, ranging from one to three years. Once that limit has been reached, services are available on an "open door" basis, that is, only if the participants take the initiative to seek them out. Because the pattern of many participants, however, is to isolate themselves when they relapse or are doing poorly, it is unlikely they would seek out the help they need. It is important, therefore, to continue providing active outreach services, but it may not be possible to do this for a growing number of participants without additional funding.

There is a question, too, of what employment support resources will be available to participants in the future. Are resources available to maintain ongoing, periodic contact with the employer if the participant is interested? Similarly, as participants reach for a new job goal, is a new round of job placement services available?

These questions will become more and more important as increasing numbers of HomeWork participants move into the post-placement phase of the program. As mentioned earlier, it is to be expected that many, if not most, participants will experience cycles of relapse in the future, and they are likely to need some sort of net to catch them when they fall. In the long run, the sustainability of the HomeWork approach to meeting participant needs is an issue that must be addressed.

APPENDIX:  
THE SIX CASE STUDIES

## HomeWork Case Study 1: Andy

Date of enrollment in HomeWork: May 20, 2005

Date of Interview with Participant: June 7, 2006

### Introduction and Case History Prior to Enrollment in HomeWork

Andy is a 46-year old African-American man with a long history of mental illness and substance abuse. He is a high school graduate with two years of college education, and he is the father of two children. Prior to entering HomeWork, he had been intermittently homeless over a period of twenty years and had stayed in shelters, abandoned cars, and hallways.

Andy's extensive history of substance abuse and mental illness dates back to his childhood and has severely disrupted his life. He has been treated for mental health problems since the age of seven and developed a heroin dependency as an adolescent. He has several psychiatric diagnoses, including depression, bipolar disorder, anxiety disorder, and schizo-affective disorder. He has attempted suicide three times and has had multiple psychiatric hospitalizations.

Andy has experienced psychosis even when free from drugs and alcohol, and this, coupled with the debilitating effects of depression and anxiety, has impaired his ability to live independently, work, and perform other major life roles. When he was staying at the Anchor Inn shelter, staff described him as "too overwhelmed to get on a bus to go to meetings. He would get paranoid and hallucinate and would take other clients with him to make it manageable."

Although he took medication when he was in his twenties, since then it has been "on and off." He says he would have times when he "pulled it together, but usually something painful happened and I went to the liquor store." Prior to the spring of 2005, his longest period of sobriety had been eighteen months. Talking about his participation in rehabilitation programs, Andy said that he had "tried other programs just once or twice" but, generally, he tried "to do it" on his own.

Andy has been convicted on felony charges and has been in prison several times, both as a juvenile and adult. Most recently, in 2004, he finished a nearly two-year sentence for armed robbery. That year, after an intensive period of relapse and mental health decompensation requiring multiple hospitalizations, he started turning his life around with the support of mental health and other services.

Andy has held a variety of jobs, ranging from physical labor, such as house painting, to more skilled jobs such as working as a nurse's aide, doing medical billing and administrative work. He says that he has tended to keep the physical jobs the longest, a little more than a year. He has certificates qualifying him as a low-income housing property manager, medical secretary, and nurse's aide. He worked for the Aids Action Committee for a period of time in 2002, when he suffered a relapse and lost the job. Andy says that in general his substance abuse has disrupted his work, and his past legal convictions have made it difficult to find employers willing to hire him.

In July 2004, after a period of several detoxifications from heroin and alcohol plus severe mental health problems and a suicide attempt, Andy was referred by the Anchor Inn shelter to the Department of Mental Health (DMH). He was in an intensive post-relapse recovery program and, at another time, a psychosocial rehabilitation program, but his cycles continued. DMH referred him to Community Rehabilitation Services (CRS) for intensive case management while he was in an inpatient psychiatric unit. He was soon discharged from the hospital to the West End DMH shelter.

Looking back at this period, Andy said that he realized he had to change. He started attending AA and Narcotics Anonymous (NA) meetings and participated in the job readiness program and life skills classes at Project Place. He also received computer training and completed an internship at Boston Public Library. He described his involvement in Project Place as “the best thing I ever did.”

At the time of his referral to HomeWork, Andy was in the Project Place job readiness program and attending several AA and NA meetings weekly. He had been substance free since his last recovery in the fall of 2004, was seeing his CRS worker for case management support, and was being followed by a psychiatrist at Boston Medical Center. He was living at the DMH West End Shelter. His main priority and focus were to maintain his mental health and remain substance free. He also talked of the importance of repairing his relationships with his children. While he said that he intended to “stay on course with the plan [to work],” he was also clear that work “is not now, but coming.” He faces significant barriers to employment due to his criminal history.

As described by several staff, Andy likes to do things at his own pace and on his own terms, and he does not like to be pressured. He is intelligent and can be well-organized, even “proactive,” in handling paperwork and applications. On an emotional level, however, he needs to “feel secure” and “take more time to process.” Andy and several of the staff interviewed said that he can easily be overwhelmed and still needs a fair amount of support. Most staff also said that he would require ongoing substance abuse counseling and monitoring. Because of his historic fragility, it was particularly important that the programs stay connected with him and each other and respond quickly to any indications of problems.

### Enrollment in HomeWork

Andy said that he signed up for HomeWork in order to get help with both housing and employment. He had previously been denied housing by the Boston Housing Authority because of his criminal record. Project Place referred Andy to HomeWork, with the assistance of his DMH case manager and his CRS caseworker. The CRS worker had thought of HomeWork as primarily a housing resource project, although he had a “vague sense” that HomeWork also addressed vocational concerns on some level.

Andy’s date of enrollment in HomeWork was in May 2005. The HomeWork team worked with him to address the eligibility criteria, and by July 2005 he became an active participant. He was accepted initially as an “employment only” participant, but the plan from the outset was to convert him to “employment and housing” status pending his voucher approval, which JRI would help him obtain.

## Key HomeWork Activities

HomeWork has acted on Andy's behalf in several ways. These are summarized below and discussed at greater length in later sections of the case study.

### *1. Planning and Coordination*

HomeWork has organized periodic interagency service coordination meetings where Andy's situation has been discussed, and it has facilitated two Integrated Service Plan (ISP) meetings attended by Andy and his residential and employment workers. The program has fostered a commitment among the partners to maintain contact with Andy and with each other even if he disengages from services.

HomeWork has provided a platform for communication and coordination among the employment and residential service providers that work with Andy, giving them a mutual understanding of his goals, services and activities in these areas. The residential and employment service staff have a basic awareness of Andy's mental health and substance abuse issues, based on information provided directly from Andy plus some initial referral information from DMH.

### *2. Access to Housing Resources*

As a DMH participant in the HomeWork project, Andy was offered one of the housing slots set aside for HomeWork participants by DMH and the Metropolitan Boston Housing Partnership, another HomeWork partner. Under that arrangement, the Justice Resource Institute (JRI) helped him gain approval from MBHP for a housing certificate, provided housing supports, and helped him find an apartment.

## Services and Activities Since Enrollment in HomeWork

### *Employment Services*

Andy completed the job readiness program at Project Place in the summer of 2005, soon after enrolling in HomeWork. After finishing the program he "disappeared" from employment services and did not respond to the efforts of Project Place staff to contact him. He did, however, remain in touch with the HomeWork project through contact with his JRI caseworker. According to Andy's JRI caseworker, the Project Place worker has asked for her help to make contact with him, but she felt that "it was their [Project Place's] role to find out what was going on. I didn't want to push him and didn't know enough of their program and employment issues to step in there." She did, however, encourage Andy to call his Project Place caseworker.

In January 2006, he agreed to participate in a HomeWork Integrated Service Plan meeting. At this meeting, he told the team that he had been working on his own with the Massachusetts Rehabilitation Commission (MRC) on new vocational goals. He had made contact with MRC for basic vocational testing and job supports and this led to a decision to go back to school. He continued to work independently with MRC through the winter of 2006, and in June 2006 he attended a second HomeWork ISP meeting, when he informed the team of his plan to attend

beauty school in the fall and, in the meantime, to look for part-time work. He said of that meeting, “people were anxious for me to use my [MRC] certificate and it was hard for them to understand that I need to take things slow.” In fact, as of October 2006, he had delayed his school start date to February 2007.

At the June ISP meeting, a plan was made for him to maintain contact with his MRC counselor and to meet twice monthly and maintain weekly phone contact with his Project Place case coordinator to work on his job search. As of mid-October, Andy had met only once with the Project Place case coordinator and she had left him phone messages concerning job leads. The HomeWork employment coordinator says that he has “not really engaged in [the Project Place] job search” and questions whether another employment service would be a better match for him.

### *Housing Services*

Andy became an active client of the Justice Resource Institute in June 2005. His caseworker said that at the beginning he was ambivalent about leaving the shelter and did not feel ready, but he responded to her encouragement and offers of support. From the start, she said, he was more independent than he had expected he would be.

The caseworker went with him to a hearing to obtain approval for a voucher from MBHP. They were willing to approve him provided that he was living in an emergency shelter on the day of his lease signing, so this necessitated Andy moving into an emergency shelter. In October he moved into the BayView Inn, a dry shelter. Meanwhile, HomeWork held one of its housing slots for him. In September they started looking for housing. During this period, it was evident that HomeWork and JRI were talking regularly with each other about what needed to be done to establish his eligibility. In addition, JRI was seeking to have DMH involved in trying to engage Andy in the housing search.

In October, they found an apartment and Andy moved in. Andy said “it was scary,” that tasks such as “learning the logistics of paying the bills” were “overwhelming.” He welcomed the support from his JRI housing support coordinator. They have been meeting several times a month, and his CRS caseworker also visits Andy at home periodically. While the support from CRS will end in about six months, when he will be transferred back to DMH case management, the JRI supports will be available as long as Andy is interested. In addition to housing support, his JRI caseworker monitors and works with Andy to assure that he is addressing his overall health, social, and family needs and reinforces the value of maintaining contact with other services.

### *Mental Health and Substance Abuse*

Andy says that he now manages his mental illness and substance abuse and feels “well grounded.” He attends daily NA meetings, takes his medications, receives counseling for substance abuse, and goes for therapy twice a month. He also sees his CRS caseworker once or twice a week and sees a psychiatrist for counseling and medication monitoring.

Andy's CRS caseworker says that he is now stable psychologically. Usually, when a client has been stable for six months to a year with housing and structured day programs, CRS closes the case and transfers the person back to DMH. His CRS worker said that Andy would be in that category soon and that DMH would only be able to be in touch with him once a month. It is possible, he said, that this will be enough support because Andy is "very, very independent anyway and does a lot of things by himself."

### Service Planning and Coordination under HomeWork

The employment and residential service staff working with Andy all know about his goals, needs, and services as he works towards independent living and employment. At first his JRI caseworker said she was not sure why JRI should be coordinating with an employment services provider "since JRI is housing," but "now, it's more clear who is in the team and doing what. We have the sense of a team." One advantage she noted was that she also feels comfortable letting others know what her role is *not*.

It is evident that at key junctures of Andy's service planning there has been communication among his JRI, Project Place and HomeWork support workers. They were in communication with each other as JRI worked with Andy to gain eligibility for housing, as they engaged in a housing search, and when Andy dropped out of employment services. Much of this communication has been by phone and e-mail, outside the structured framework of service coordination meetings and HomeWork ISP meetings. These staff were fairly up-to-date on each other's activities with Andy.

At the two HomeWork ISP meetings, Andy explained to the team what he was doing in regard to his housing and employment goals and why. Working with JRI, Project Place and HomeWork support staff, the team articulated the basic responsibilities of each person as well as the frequency of contact he would have with these agencies for their assistance in working toward the goals.

One issue that came up several times in relation to Andy's plans was the question of when he would engage with services to move towards employment. He said, "At first it wasn't clear to them [HomeWork] that I was still early in the recovery. It took a while [for them] to understand." His CRS worker said that Andy "likes to do things based on his own skills at his own pace," and his JRI worker emphasized the value of his taking things step by step so that he can feel secure. It is interesting to note, however, that although he suspended his contacts with Project Place, he was actively working with MRC.

Andy's CRS worker is not part of the HomeWork team and was not aware of Andy's involvement with Project Place. He has not asked Andy for a release to talk with the HomeWork partners and has not heard from any of them. He seemed interested in coordinating with the HomeWork team, since both CRS and the HomeWork partners are engaging in parallel activities with Andy—e.g., home visits, school visits, and seeking substance abuse resources—which may benefit from coordination.

## Addressing Long-term and Future Needs

As Andy makes plans to return to school and work, the members of the HomeWork team are discussing his need for services to support him in the future. All are in agreement that he will need substantial support, since he is at high risk for relapse.

The team members have a basic knowledge of Andy's mental health and substance abuse services and needs, based mostly on information provided directly by him and, at least in the case of JRI, information gathered at intake. The JRI caseworker feels sufficiently informed about these issues and plans to have a long-term role in monitoring him and encouraging him to maintain contact with his mental health services.

There is much concern among the team members, however, about his need for substance abuse services that are more structured than the NA meetings he is currently attending. Different members of the team offered ideas about possible services, but no one seemed aware of a program that would be exactly right for Andy. One main concern, as expressed by the HomeWork employment coordinator, is that there needs to be someone "to catch him if he falls off." According to his JRI caseworker, the key is for the different programs to stay connected and if there is a "red flag" (whether related to substance abuse or mental health problems) to address the problem immediately by notifying one another and seeking out the necessary resources.

Also, with regard to future training and employment arrangements, there is general agreement that Andy will need a high level of support, since he is susceptible to becoming overwhelmed. The CRS worker hopes to keep working with Andy through his transition into beauty school. The Project Place worker can provide support until July 2007, and beyond that if Andy initiates contact. His JRI worker said that, over the long term, she would be able to support his overall engagement in work and would encourage him to contact his employment service concerning any significant issues. The HomeWork employment coordinator said she did not believe that the currently planned level of support would be enough for Andy. She believes he will need support at or near the job site, but that can only happen if he is willing to allow it.

## Analysis and Conclusions

The following conclusions are based upon a detailed review of Andy's case, as discussed above.

### **1. HomeWork has built a partial network of support and resource services for Andy. Mental health is missing from this network.**

The HomeWork residential and employment service partners work together through ongoing communication and participation in joint planning to support Andy's employment and living goals. A net of services has been created that Andy can use for support or to find resources when he feels the timing is right for him, but that network is incomplete because it does not include Andy's mental health supports, and substance abuse resources are still needed. Although he has had little involvement with Project Place or HomeWork since he finished the Project Place job

readiness program, he did say about HomeWork, “I can call these guys at any time and they’ll make the time,” and he did refer to Project Place as being part of his support network.

It seems, therefore, that HomeWork has built a partial net and that Andy has made little use of it to date. It will be available to him over the long term should he desire to use it, but it remains to be seen whether the resources available through HomeWork can meet his needs and whether the HomeWork team can build strong enough relationships with him and maintain enough ongoing contact with him to catch any early signs of problems.

**2. HomeWork has helped Andy meet some of his needs, especially those related to housing.**

Andy’s enrollment in HomeWork led to his referral to JRI, a HomeWork partner, and eventually to stable housing. As a DMH client, he was probably eligible for JRI housing services in any case, but HomeWork played an important role in making this happen for him.

With respect to employment services, however, Andy did not choose to continue working with Project Place on a job search after he completed the Project Place job readiness program. He did choose to take advantage of the employment testing and other services provided by MRC, an organization that is not part of the HomeWork network.

**3. It is not clear whether HomeWork and its partners will be able to provide the services he may need when he returns to work, school, and over the long term.**

Looking toward the future, the HomeWork partners are concerned that they may not have sufficient contact with Andy to be able to “catch” him if he begins to show signs of relapse. They are concerned specifically about monitoring his substance abuse problem and his possible need for more support when he enters school and employment. They are concerned, too, that he may not have the level of support he needs after the involvement of CRS and Project Place winds down. It does seem that he is building relationships, especially through his church community, so it is possible that the strength of his relationships with JRI and others will be enough. Given Andy’s history, however, there is ample reason for concern.

Adding to this concern is the fact that CRS has not been in the HomeWork loop and the HomeWork partners do not seem aware of that organization’s role in working with Andy. There will be a gap when Andy’s CRS services are transferred to DMH, and it is not clear whether and to what extent that gap will be filled.

**4. Andy seems most engaged when he is taking the lead in planning the services to address his priorities. It has been challenging for HomeWork to engage him in employment services.**

Engaging Andy has been challenging, but it became apparent that he was making his own decision to connect with MRC even when not engaging with Project Place. As his JRI caseworker has said, “He is the one who says what he needs and pushes it. The key is to offer support in the area where he is seeking support.”

- 5. There is much concern about Andy's mental health and substance abuse problems, and the HomeWork team has worked to the limits of their capacity on these issues with him. The team needs the participation of someone who works with Andy on his mental health and substance abuse issues. It would also be useful to provide training for HomeWork's partners in those areas.**

Both the HomeWork employment coordinator and the Project Place case coordinator said that the team needed the participation of someone who works with Andy on his mental health and substance abuse issues to monitor and communicate to the team how he is doing in these areas. Such a person would also be able to offer guidance to the rest of the team on these issues. If he were to go through any cycles of relapse or decompensation in the future, this would be particularly important.

In this connection, the point was made that it would be useful for the direct service staff at HomeWork's employment and other partner organizations to receive more formal training to increase their understanding of mental health and substance abuse issues, especially relapse prevention, and how to deal with them.

## HomeWork Case Study 2: Don

Date of enrollment in HomeWork: September 15, 2004

Date of Interview with Participant: July 6, 2006

### Introduction and Case History Prior to Enrollment in HomeWork

Don is a 62-year-old white male veteran with a long history of severe mental illness. He had been homeless and living in shelters for eight years at the time of his enrollment in HomeWork.

Don graduated from high school and enlisted in the army at age 21. While in the military, he was trained as an operating room technician and worked in that capacity for three years. After receiving an honorable discharge, he worked for another three years in the operating room at Boston City Hospital but had difficulty coping because of his growing mental health problems. He then tried other, generally low-skill jobs, such as courier work, but the symptoms of his mental illness interfered and he did not stay long.

Don was diagnosed with paranoid schizophrenia and began receiving psychiatric treatment at age 33. His symptoms were largely stabilized for twelve years, and during that period he worked for two years as a parking attendant. During the late 1980s he worked for another two years as a laborer but left when the job became too stressful. Around this time, he stopped using his medication and became more symptomatic. He was not able to hold a job, and he became homeless in 1996, when a fire burned down his apartment building. He said that during this period he did occasional day work for cash.

At the time of his referral to HomeWork, Don was participating in a day program for homeless men over age 40 and was having his medication monitored. He had been receiving case management services from the Department of Mental Health (DMH) since February 2004. According to his DMH case manager, his mental health was stable, with no major functional impact on his potential for work or independent living, but he needed to continue receiving supports to help him cope with anxiety and stress.

As described by the caseworkers who were interviewed, Don's strength seemed to lie in the clarity of his goals and his willingness to do what was necessary to move forward. He also had good social and organizational skills, which would help him re-establish good work habits. His greatest barrier was that he had no recent work history. There was concern about his readiness to work, his age, disability, and level of motivation. His DMH case manager described him as "rusty and lacking a bit of self-confidence," and he needed some "brushing up on a job skill." He was susceptible to becoming quite anxious when overstressed, which had historically disrupted previous jobs.

## Enrollment in HomeWork

Don heard about HomeWork through his DMH case manager. She referred him to the Justice Resource Institute (JRI) in May 2004 as the first step in the HomeWork referral process. Don was accepted to HomeWork as an employment and housing participant, meaning that he would be guaranteed a housing certificate as long as he also participated in an employment program.

## Key Homework Activities

HomeWork has acted on Don's behalf in four key ways. These are summarized below and discussed at greater length in later sections of the case study.

### *1. Planning and Coordination*

At key points in his service planning, Integrated Service Plan (ISP) meetings were convened to build a common understanding of his multi-issue needs and assure that planning was coordinated among his mental health, residential, and employment service providers. HomeWork has also provided the framework for ongoing communication through periodic service coordination meetings.

As he continues to work and live independently, HomeWork is continuing to coordinate his service planning to assure that contact is maintained with his service providers and that they are following up on their designated roles.

### *2. Access to housing*

As an employment-plus-housing participant in HomeWork, Don was provided with a housing certificate for Shelter Plus Care. JRI assisted in processing his application to the Metropolitan Boston Housing Partnership and manages the certificate.

### *3. Referral to employment services*

As part of the initial planning process, Don was informed of all the program's employment partner services in order to assure that he was aware of all his options. Based on this information, he selected Community Work Services (CWS) to provide him with employment services.

### *4. Funding for CWS employment services*

HomeWork's contract with CWS provides funds for increased time for the coordination and other support activities that are often required.

## Services and Activities Since Enrollment in HomeWork

### *Employment*

Don chose the food service training program at Community Work Services (CWS) because he “felt more secure there.” He was interested in working in the food service industry but had no previous employment experience in it. HomeWork referred him to CWS in August 2004, and he started in the program that month. His food service training, paid with a stipend through CWS, involved food preparation, stocking, and operating the cash register. His job performance was very good and his supervisor described him as a “fast learner.” Don spoke highly of this experience, noting that it gave him more confidence. He also said that the job was not at all stressful for him. During their interviews for this report, his workers concurred that he had needed this type of transitional experience in order to build his self-esteem and re-establish his work habits before going into a competitive placement, even one with job supports.

According to Don’s initial CWS work plan, in addition to attending the food service program, he was to meet at least once weekly with his caseworker for “case management and support.” He said that they sent him on at least two interviews and that this helped him feel more confident about interviewing.

In October, the same month he was to move into his apartment, CWS helped place Don in a part-time job stocking shelves at a gourmet market. After four days, however, the employer asked him to leave because he did not do the job quickly enough. Don said that he “didn’t fit in” and “didn’t get much training” from the employer. It appears that he was offered the option of on-site support, but that does not seem to have occurred.

There was some discussion among HomeWork partners about what should happen next. His JRI worker said that he advocated for CWS to accept him back into their training program. Reportedly, it had not been their practice to let clients repeat these programs, but they agreed to take him back. Don returned to the cafeteria program and continued to meet weekly with his CWS case worker.

In December, HomeWork convened a meeting attended by Don and his HomeWork team. His DMH case manager was expressing concern that he not return to work too quickly. In the end, consensus was built around a plan that provided for more support and involvement from CWS in the next placement than was apparent with Don’s first placement. Under the plan, CWS would find employers to hire him on a trial basis. Within one week of hire they would develop an ongoing support plan that included on-site coaching if he requested it.

Soon, CWS arranged a job placement for Don at Au Bon Pain which began with a two-week paid internship (paid through CWS) and an opportunity for job shadowing. This gave Don a chance to make the transition at a comfortable pace and feel confident in the job match. After a few weeks, he accepted the position and began working full-time. It is unclear what level of contact Don had with CWS at this point. Three weeks after his placement, his support worker noted that “he was doing well” and his supervisor was “pleased.” Her next contact was three weeks later.

At the time of this interview, Don had been at Au Bon Pain for a total of sixteen months, and had accepted a permanent position with benefits. He said that the job was going well and that no problems had come up. He was being trained to use the cash register, which was one of his employment goals. "If things could stay the same", he said, "I would be content."

In the months prior to the interview, Don had begun to meet every two weeks with the post-placement support worker, primarily for support around work issues. The service was described as "unfettered," and they have talked about other issues as well, such as Don's social life and retirement concerns. (Partly in response to their work with HomeWork participants, CWS has been building up these support services with a recently obtained grant.) With this service, active outreach by CWS continues for one year, but the door is open if an issue were to arise and Don were to initiate contact.

The CWS HomeWork program manager (also Don's case worker until his recent transfer to the long-term support staff) said that, as his third worker at CWS (due to staff turnover), she knew little of Don. She expressed concern that the high staff turnover impedes the ability of staff to get to know Don and form the relationships that are key to this work. Neither of the two CWS staff members interviewed were certain whether anyone at CWS was maintaining contact with the employer.

### *Housing*

After signing his vocational agreement with CWS, Don was then able to work with JRI to get into housing and access one of the housing certificates allotted to HomeWork. Unlike non-HomeWork participants, says the JRI Housing Option Program (HOP) director, HomeWork participants "must meet the work expectations first and then be assessed and screened for housing."

JRI then helped Don find and furnish an apartment. He moved into his own apartment in October 2004. "It was no challenge managing an apartment," he said, adding "It's very nice to be independent." Don was not concerned that he was making this move the same month he was starting his first job. In fact, starting both at the same time was preferable to him, as he said that he could not imagine working from a shelter.

Even as he has been working at Au Bon Pain, Don has been very steady in his contact with his JRI housing support coordinator, and they are in touch weekly. Don said that his housing support coordinator "always" talks to him about work. Additionally, this worker touches bases with Don to check how he is doing overall, monitoring his mental health status and assuring that he is maintaining contact with mental health services.

These support services are available as long as Don is interested. His housing support coordinator will maintain contact with Don's other services, as needed.

## *Mental health*

Don meets with his DMH case manager every three months. He says that she asks him about work. Although she was well aware of Don's work status and definitely sees herself as part of the HomeWork team, she described her primary role as overall monitoring of his mental health status and his services. Nevertheless, she did share her views of his needs with the other partners at critical junctures of the employment planning process, particularly as they interplayed with any mental health issues.

Don's JRI, CWS and HomeWork workers were aware of how his mental health issues, including his anxiety and low self-confidence, had affected his work. They support him in managing any impact these issues have on his work. Specific strategies for this (e.g., for coping with his anxiety) were not articulated in the plans. Don's employment workers (with CWS and HomeWork) both said, essentially, that the information they were getting from mental health was minimal and they would welcome more.

Don said that the CWS staff "don't get into mental health issues," such as his anxiety or medications, and he likes it that way. "With them," he says, "it's about work."

## Service Planning and Coordination under HomeWork

Don said that with HomeWork he felt that he had a team working behind him. "It is like a pyramid with me at the top." It is evident that there has been ongoing coordination among Don's residential, vocational, and mental health workers, and that these workers are knowledgeable of his employment and residential goals, needs, and services. Both the residential and employment service partners said that this level of contact between them was unusual outside of HomeWork.

Coordination was particularly evident at key points of Don's experience. Planning meetings were held and attended by most of his workers, including his DMH case manager, to develop the initial plan and develop a new plan after his first job did not work out. The HomeWork and residential staff attended the HomeWork ISP meeting that was held two months after he was transferred to CWS post-placement services. At that point, communications seem to have dropped off somewhat and the next meeting was about one year later. His DMH case manager was unable to attend the later meetings because she needed more advance notice, she said.

Everyone spoke highly of these meetings as a place where roles and next steps were clarified. Don said, "the meetings help me to be clear...to get a sense of what's going on."

Because Don is fairly independent in sharing information and has been consistent in maintaining contact, most of the workers interviewed felt that, relative to other HomeWork participants, there was less need for ongoing contact with each other. In fact, some concern was expressed that, since he is doing so well, he is at risk of "dropping of the radar" (or had already done so). The HomeWork employment coordinator wants to be sure that his doing well is not taken for granted. Therefore, she says, one of her primary roles is to assure that Don makes ongoing contact plans with all the partners and that the partners follow-up on these plans. In doing so, she makes sure to respect Don's wishes so as not to undermine his independence or be too intrusive.

## Addressing Long-Term and Future Needs

Don is basically content with his work situation as it stands and would like to “take one step at a time” at work. With his work situation stabilized, his social life is now becoming more important to him and he wants to “connect more with people” but he implied that he did not really know how to do this. Both his CWS post-placement worker and his JRI worker have begun talking about this with him. Another major goal is to have his teeth fixed, a subject that is addressed in his DMH and JRI plans.

The HomeWork employment coordinator believes that some level of ongoing communication with the employer is needed for Don.

## Analysis and Conclusions

The following conclusions are based upon a detailed review of Don’s case, as discussed above:

**1. HomeWork has established an effective platform for ongoing coordination among Don’s network of services, including his employment, residential and mental health services.**

HomeWork’s residential, employment, and mental health partners have worked closely with Don and with each other at service planning meetings and through additional contacts to assure that a consistent plan with clearly delineated roles is in place. At times, this has involved some discussion among partners to build support and consensus as well as modifications in program’s customary policies and practices. Reflecting on her initial concern about his second work placement, his DMH case manager said, “I love to be wrong sometimes.” The facilitation of this process by the HomeWork employment coordinator has been key.

Some partners expressed concern that the DMH case manager was too far outside the loop; however, during interviews and file reviews, it was apparent that communication had been maintained between her and other partners and that she had been an active partner at earlier points.

**2. It appears that Don’s interests and needs have largely been met.**

Don has been very happy with the services he has received through HomeWork. The program gave him access to housing and employment services simultaneously, with enough support and coordination for the process to go smoothly. He called this “the best offer I received.”

Don’s mental health services, including medication monitoring and DMH case management, were in place before his referral to HomeWork.

As part of his linkage to HomeWork, his DMH case manager had referred him to JRI for housing support and advocacy services. He was also able to obtain a housing certificate through the HomeWork program and, with the assistance of JRI, he is now living in his own apartment.

Participation in HomeWork led to a referral to CWS. By choosing the food service he was able to move forward at a pace that worked for him and build his confidence. In the end, a good part of Don's success was, as the HomeWork employment coordinator said, that he was "handed a job" that was a "perfect match." The adaptation to the job training proved to be a big piece of making this job work for him.

### **3. HomeWork is working to assure that long-term supports remain in place**

Despite Don's current stability and his commitment to continuing with his present support systems, it is important to remember that in the past he has been susceptible to becoming overwhelmed by stress, even after two or three years on the job. It may be important to have active outreach services in place over the long term, as long as Don is open to this.

JRI services are available as long as he is interested. It is up to him. Active outreach services through CWS are in place for one year through their post-placement services. DMH case management continues to be available, but the contact occurs only once every three months and there is concern whether it is sufficiently "in depth" to monitor employment or residential issues.

The proactive role of the current HomeWork employment coordinator to assure that ongoing contact plans are incorporated into the service planning process – and followed up on – may prove key to keeping up contact with Don, but, even with this, she is concerned that, "without some funding or contractual requirement" to continue service, he will "slip off the radar."

### **4. The HomeWork partners' experience in working with Don seems to be opening the door for more flexible policies and practices to address client problems.**

Working with Don may serve as a precedent for breaking down some of the barriers that others who are chronically homeless with severe mental illness may face in their aspirations for work and a home. Both the JRI and DMH workers made a point of saying that, despite early concerns about Don's ability to manage these changes, they see that he has done very well with the supports available. CWS has modified its policies in allowing him to return to the program after his first job did not work out. Also, based in part on the HomeWork experience, CWS is now working on expanding its post-placement supports.

## HomeWork Case Study 3: Fred

Date of enrollment in HomeWork: October 26, 2005

Date of Interview with Participant: June 31, 2006

### Introduction and Case History Prior to Enrollment in HomeWork

Fred is a 26-year-old white male with a psychiatric diagnosis of bipolar disorder and a ten-year history of substance abuse. He has had three psychiatric hospitalizations since 2002, most recently in 2003. Fred has been homeless since 2004. Since May 2005, he has been staying at the Anchor Inn, a Boston homeless shelter, where he is enrolled in a two-year substance abuse treatment program. At the Anchor Inn, he receives counseling and case management services, medication monitoring, and support for drug and alcohol issues. He also participates in Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings at the shelter three times a week. According to his Anchor Inn caseworker, Fred is prone to “unprovoked outbursts and requires frequent redirection.” Another caseworker, from the Homeless Outreach Program, says that “he can be overwhelmed when stressed but responds to support.”

Fred dropped out of school after the ninth grade. His employment history has been spotty, with jobs lasting only four to six months due to behavioral problems associated with his substance abuse and mental health problems. Since moving to the Anchor Inn, he has participated in the STRIVE job readiness program, and, in August 2005, he enrolled in a six-month work experience program at Project Place. This consists of a combination of life skills and computer skills classes, plus 25 to 35 hours per week of work experience. At the time of his enrollment in HomeWork, Fred was participating in two Project Place-sponsored work experiences: Project Pepsi, which involves stocking and fixing Pepsi vending machines, plus handling money; and Clean Corners, a sidewalk maintenance program. According to program staff, Fred, benefited from the structure of the employment program and performed very well in these jobs.

At the time of Fred’s referral to HomeWork, his Project Place case coordinator described him as “intelligent, imaginative, physically healthy and able to work,” having demonstrated good work skills and habits during his two months with the Project Place employment program. He had not used substances since May 2005, when he first came to the Anchor Inn. His sobriety of five months at the time of his referral to HomeWork was, he said, his longest period of sobriety ever. His sister, a Boston resident, was a major source of support to him.

### Enrollment in HomeWork

Fred heard about HomeWork through Project Place. He viewed it as “another connection, mostly for housing”, but he was also interested in it as a potential employment resource. Project Place referred him to HomeWork in October 2005 for “career coaching, housing advocacy, and counseling.” He was referred as an employment-only participant, meaning that he would not be guaranteed a housing voucher. Housing advocacy services would be available, however, through Action for Boston Community Development (ABCD), and the HomeWork liaison from ABCD attended the initial referral meeting in order to discuss Fred’s housing needs.

## Key HomeWork Activities

HomeWork has acted on Fred's behalf in four important ways. These are summarized below and discussed at greater length in later sections of this case study.

### *1. Planning and Coordination*

HomeWork has brought together staff from the different agencies and organizations that are providing services to Fred to make them aware of his multiple issues and needs and to coordinate their plans to meet those needs. In January 2006 the HomeWork employment coordinator met with Fred and his Project Place case coordinator to develop an Integrated Service Plan (ISP), which built upon the Individual Development Plan that had already been created with Project Place. Prior to that meeting, Fred and the HomeWork employment coordinator had also met with staff from the Anchor Inn and ABCD concerning his service needs. The purpose of these meetings was to ensure that, as much as possible, the different organizations' service plans would reinforce and build upon one another, as well as to address any unmet needs. Since these initial meetings, HomeWork's ISP meetings and service coordination meetings have provided a forum for communication among the different service providers and have opened the door for direct communication among providers whenever the need arises.

### *2. Referral to DMH*

In January 2006, the HomeWork employment coordinator began working with Anchor Inn to refer Fred to the Department of Mental Health (DMH) for services. The HomeWork liaison at DMH assisted with the referral process. Fred was accepted as a DMH client and assigned a case manager.

### *3. Referral to JRI Housing Services*

As a DMH client, Fred became eligible to receive housing advocacy and support services from the Housing Options Program of the Justice Resource Institute (JRI). He was referred to JRI in mid-May and had his first meeting with his JRI support worker at that time. With her help, he filled out an application to the Metropolitan Boston Housing Partnership (MBHP) for a Shelter Plus Care certificate, available through HomeWork by arrangement with MBHP and DMH.

### *4. Funding of Employment Services*

After Fred was accepted into HomeWork, the employment services he received at Project Place were funded under the HomeWork contract. This contract provides for increased staff time to be spent on coordination and other activities for HomeWork participants.

## Services and Activities Since Enrollment in HomeWork

### *Employment*

As he came close to completing the program at Project Place, Fred “had done all the work and steps ... he needed, [and now] he needed someone to hand [a job] to him,” according to the HomeWork employment coordinator.

Fred had told the HomeWork coordinator that his dream was “working for the city” in a job that could lead to benefits. When he learned from his Project Place case coordinator that the City of Boston hires workers from the Project Place program as intermittent employees to empty litter baskets, he applied and was hired for one of those jobs.

Fred believes that part of the reason he got the job was that his Project Place supervisor gave him a good reference. He said that he had an added advantage because he had received an award from the Private Industry Council in recognition of his outstanding work performance. Fred is extremely proud of this award and credits it with giving him a major boost in confidence. When discussing his work with Project Place, he talked most about how that experience, besides giving him a reference and a direct link to his current job, built his confidence.

By all accounts, Fred has done well in his new job. He has a good relationship with his supervisor, who has told him he would like to see him hired as a regular employee. His Project Place case coordinator has had contact with Fred’s supervisor twice, each time concerning job logistics, and believes that having a “healthy relationship” with his supervisor makes him feel connected and is an important part of Fred’s job success. When asked about his job, Fred expressed satisfaction, describing it as a step in the right direction. “If I keep working, build a résumé, and show up,” he said, “it would lead to benefits if I get permanent.” He is keen to demonstrate his reliability, that he “is doing the job [and] not on drugs.”

At the time of Fred’s interview for this case study, he was on a temporary lay-off and was waiting to be called back to work. The work is intermittent and, apparently, Fred is assured of being called back. His Project Place case coordinator expressed concern that Fred might quit impulsively during one of these layoffs. He said that whether Fred is offered a permanent job for the city has “everything to do” with whether he has the patience to “stick around, ...work hard and (be) consistent.”

Later in the summer, after Fred was interviewed for this case study, the CommCorp evaluator learned that he had begun applying for new jobs. It appears from this fact that he decided to look for something more permanent than his intermittent job with the city. It appears that he has been doing this on his own—his Project Place case coordinator said he was “doing a great job of working independently on his job search”—and this raises the question of how pro-active the HomeWork team might have been in offering assistance in his search for permanent full-time employment.

In addition to working and looking for work, Fred has been taking GED classes, and he took one of the tests on July 18th. He later informed his JRI support worker that he had passed that test. In

fact, in late August, the DMH case manager was talking about referring him to GED classes; and, as of early September, his Project Place worker did not know whether or not he had taken the test. It is possible that the lack of shared information on this matter is an example of a loose thread, since no one had been designated in Fred's ISP to follow up with him on the GED. Alternatively, it may be that the caseworkers who participated in the ISP meeting were confident that Fred did not need help in this area.

After Fred began working for the city, his status at Project Place was changed to a post-placement support category. This means quarterly contact at a minimum, but he calls his Project Place case coordinator about once a month, as decided at his May 5 HomeWork ISP meeting. The case coordinator is also available to attend future HomeWork service plan meetings. The HomeWork team members all agree that the case coordinator at Project Place has become an important part of Fred's support system and that he would probably call him if he were having difficulty. Identifying their "peer-to-peer" connection as key, the case coordinator states, "we took the desk out of our relationship; ... this will work."

### *Housing*

As of early September 2006, Fred was still living at Anchor Inn and making use of the substance abuse services offered at that facility. He may continue his residence there until the two-year limit has been reached in May 2007; however, since he has been approved for a Shelter Plus Care housing certificate, he has been looking actively for housing with JRI's help. He has also been saving money to fall back upon if he cannot find an apartment with a housing certificate. (During the interviews for this report, it was noted that the Shelter Plus Care certificates pay less than other housing certificates, and there is some concern that there will not be enough to pay for adequate-quality housing.)

Fred's housing support coordinator at JRI expects she will meet with him every week while he is searching for housing and as he settles into a new space. As of the time of her interview for this report (early June), they were still in the initial stages of working together. She believes that Fred has the skills necessary for independent living but will need housing supports. In future meetings she expects to address such issues as work, money management, housekeeping, community living, and possibly finding new friends to spend time with. She stated that it is important to remember that Fred is still young and that this will be his first experience living on his own. She expects that her role will expand when Fred leaves the Anchor Inn and moves into his own place. Fred stated on his JRI intake form that he would be interested in home visits at that point.

As the support role of his Project Place worker shifts into a different gear, the JRI housing support worker will monitor how he is doing overall, including his mental health, substance abuse, independent living, and employment. This service will be available to Fred for as long as he wishes to use it. The support worker states that she will reinforce to Fred the value of maintaining contact with his mental health, substance abuse and employment support services, and she sees it as part of her role to stay in direct contact with the different service providers as needed.

### *Other Services*

In addition to the employment and housing services just described, Fred has continued to receive support services from other providers. These have included substance abuse services through Anchor Inn, visits with a psychiatrist at Boston Medical Center every one or two months (pre-dating his referral to HomeWork) and, since his enrollment in HomeWork, mental health case management from DMH.

A new DMH case manager was assigned in May 2006, and the two had met three times as of August 22, the date of the interview at DMH. The case manager says that he talks with Fred about “his aspirations and life goals”, including work. He expects to become more involved in working with Fred after he has left the Anchor Inn.

### **Service Planning and Coordination under HomeWork**

Consistently close communication between the HomeWork employment coordinator, Anchor Inn, Project Place, ABCD (when they were working with Fred) and, now, JRI is evident, with the focus primarily having been on Fred’s DMH referral, housing application, and basic employment status. The HomeWork employment and residential service partners knew about Fred’s overall goals, needs, and plans in both realms of service. His Anchor Inn case worker, who is not a HomeWork partner, has periodically talked with the HomeWork partners and is clearly a participant in the overall planning process.

Fred’s new DMH case manager, although knowledgeable about his employment situation and supportive of his employment goals, did not know that Fred was involved with Project Place. He was planning to refer him to another employment program. He was also unaware that Fred was enrolled in GED classes. He has talked with the HomeWork employment coordinator and was aware of HomeWork’s role in helping him find housing resources. He thought HomeWork was primarily a housing resource.

The HomeWork Project has organized two ISP meetings, plus at least two other meetings (in addition to ongoing phone and e-mail contact), to facilitate Fred’s referrals and touch base about his vocational progress. These meetings were attended by varying combinations of the involved partners, with the exception of the DMH case manager, who was not working with Fred at the time. This case manager has said that he would “absolutely” attend a HomeWork service plan meeting in the future.

Those who attended consistently viewed the meetings, which were organized by the HomeWork project’s employment coordinator, as useful. Fred said that the meetings were “good. They update me on my housing status.” According to the Project Place case coordinator, once the meetings started to take place there was now “one person [and] four service workers. I would call and ...[everyone] had a good understanding of how this works. I know everyone has their roles and everything. I think it is amazing.” Fred’s JRI housing support coordinator said that the members of the team now know and call each other. She notes that this level of ongoing contact with collateral services is the typical practice at JRI, but the difference with Fred (and other JRI clients in HomeWork) is that the employment service is in the loop.

## Addressing Long-Term and Future Needs

The question was raised during the interviews with the different caseworkers about their awareness of Fred's issues outside their own areas of specialization and the likelihood of their contacting other HomeWork team members should problems arise. This is particularly important because several staff thought it was quite possible that Fred would drop out of some services.

Fred's employment and residential workers said they would recognize any changes in Fred's behavior that could indicate the recurrence of substance abuse or mental health problems and would contact other team members, including Fred's DMH case manager, if such problems should arise. Similarly, Fred's DMH case manager and JRI housing support coordinator said they would contact other members of the HomeWork team if there were indications of problems that might have an effect on his employment.

During the interviews, staff discussed the services that they felt Fred might need as he moves on from Anchor Inn. Three of his workers thought it was important for him to be linked with individual or group counseling services for substance abuse over and above his participation in AA or NA meetings. Several staff also suggested that he could benefit from behavior management counseling or mental health therapy. Fred's Project Place case coordinator and his DMH case manager both stressed the value of peer or mentor relationships in engaging Fred in services and helping him develop critical skills for managing his problems.

## Analysis and Conclusions

The following conclusions are based upon a detailed review of Fred's case, as discussed above.

### **1. HomeWork has developed a coordinated network of services that addresses Fred's multiple problems, including employment, residential, substance abuse, and mental health issues.**

HomeWork's employment and residential service partners have worked closely with Fred, with each other, and with the Anchor Inn, to assure that his multi-issue service needs are being addressed, that everyone is clear on their roles, and that there is enough flexibility in these evolving relationships to plug gaps as they occur.

The DMH case manager, who has the understanding and capacity to work with Fred in support of his employment goals, is relatively new to the case and was not in the HomeWork communication loop at the time of the research for this case study. He expressed interest, however, in becoming an active HomeWork partner, so long as Fred continues to participate. Currently, because the DMH case manager has not yet become actively involved in the HomeWork partnership, there is some potential for confusion over who is taking responsibility for linking Fred with the services he needs.

**2. It appears that Fred's interests and needs to date have largely been met, but there is some question whether more can be done to help him secure permanent full-time employment.**

For the most part, services to meet Fred's needs were in place before he enrolled in HomeWork. These included:

- Substance abuse services, through Anchor Inn;
- Employment services, including case coordination and a work experience program, through Project Place
- Psychiatric services through Boston Medical Center

Following his enrollment in HomeWork, Fred has begun receiving mental health services from DMH and housing support from JRI, as well as overall planning and case coordination from the HomeWork partnership as a whole.

Taken together, the work of these service providers has resulted in Fred's getting a job at which he appears to be doing well, having a reliable support system (with the Project Place caseworker playing an important role), receiving the support he needs for his substance abuse problem, and being on track to secure stable housing when he leaves the Anchor Inn. He expresses satisfaction with these services, including the sequencing of his employment and housing search.

The one area of question has to do with Fred's desire for a permanent full-time job with benefits, since there is no guarantee that his job with the City of Boston will become permanent. To what extent should the HomeWork team be offering him assistance in this area? It is unclear whether the current level of service provided through his post-placement status is sufficient in this regard.

**3. It is not clear whether the system that is currently in place is sufficient to meet Fred's long-term and future support needs.**

Although Fred is currently committed to participating in services, some staff are concerned that in the future he may not recognize potential mental health or substance abuse problems when they occur or know when he needs to seek help for such problems. Because of the possibility of his dropping out of these services, it seems particularly important that the net of communication and coordination remain intact.

There is a need to identify and link Fred with new support resources to fill the gap in substance abuse services that will be left when he leaves the Anchor Inn. Similarly, the service plans do not yet address the need to augment his mental health services with some other form of therapy, behavior management counseling, or peer supports, as several case workers suggested. These linkages might be discussed with Fred at a future team meeting that would include his DMH case manager.

Even though Fred is in a post-placement status with regard to his employment, it seems clear that the intent of HomeWork is to continue coordinating services and ISP planning so that the full range of his needs can be addressed. As we have seen, it is unclear whether the current level of

services is sufficient to meet his need to find full-time employment, and there seem to be gaps in the HomeWork plan with respect to identifying specific kinds of substance abuse and mental health services in addition to those he is already receiving. It seems likely that JRI will work with the DMH case manager to coordinate the necessary service linkages, but this has yet to be formally stated in his HomeWork plan.

## HomeWork Case Study 4: Gary

Date of enrollment in HomeWork: October 15, 2004

Date of Interview with Participant: July 12, 2006

### Introduction and Case History Prior to Enrollment in HomeWork

Gary is a 53-year-old African-American man with a tenth grade education. He suffers from emphysema, has had problems with depression and anxiety, and has a history of substance dependency. He was homeless intermittently for four years and then for 18 months just before he entered HomeWork.

Gary worked as a professional drummer with local bands before he became homeless. During his interview he said that being part of the music scene had a lot to do with his involvement with drugs and his eventual addiction. He had “no sober friends,” he said. Ultimately, the behavior resulting from his addiction led to the loss of his relationship with his wife and both of his children. Around this time, in 2000, suffering from both addiction and depression, he became homeless for the first time and moved into a shelter.

After becoming homeless, Gary worked for one and a half years as an intake counselor for a shelter. He says that he was “good at it”, but was “terminated for not following the rules and policies.” He also worked for another one and a half years as a sales associate for a department store, but he lost his job when the business closed. While at the shelter, he tried temporary jobs, but he said that these only fed his addiction.

In April 2003 Gary moved into the Woods Mullen emergency shelter, where he worked in the kitchen as part of an on-site work experience program. He also went to AA meetings, but he reports that he was using drugs “and just not caring.” He said that his lack of trust, and his resulting refusal to “divulge information,” was a barrier to establishing relationships there and to being accepted into other programs.

He was referred by Woods Mullen to Community Work Services (CWS), where he been an active client since July 2004. According to his current CWS case manager, he came to them with an interest in building maintenance and was accepted into their commercial cleaning job-training program. Gary said that he enjoyed the 20-25 hour weekly program, noting that he tried to “do above and beyond what’s asked.” As described by program staff, he demonstrated good work skills, good interpersonal skills, and excellent attendance.

At the time of his referral to HomeWork, Gary had been living at the Woods Mullen Shelter for 15 months and was participating in the work programs at the shelter and CWS. He was described on the HomeWork referral form as highly motivated to work and move out of the shelter. The Action for Boston Community Development (ABCD) representative to the HomeWork team said that he appeared “articulate” and “ambitious.”

## Enrollment in HomeWork

Gary's referral to HomeWork was initiated by CWS. In October 2004, HomeWork had received his housing agreement from ABCD plus his Employment Plan from CWS, and he was then accepted as an employment plus housing participant. This meant that he was eligible for one of the housing certificates held for HomeWork participants by ABCD as part of an agreement with the Metropolitan Boston Housing Partnership (MBHP), another HomeWork partner and the agency that administers the voucher program.

## Key HomeWork Activities

HomeWork has acted on Gary's behalf in four important ways. These are summarized below and discussed at greater length in later sections of this case study.

### *1. Planning and Coordination*

HomeWork has brought together staff from the different agencies that are providing services to Gary so they can share information about his multiple issues and needs and coordinate their plans to address those needs.

HomeWork organized at least three Integrated Service Plan (ISP) meetings involving Gary, the HomeWork project staff, and his support workers from CWS and ABCD to create comprehensive and coordinated service plans. These plans laid out the steps he would take toward his goals, how he would utilize services, and how the agencies would help him meet unmet needs. In addition, HomeWork service coordination meetings provided a forum to discuss his progress and alert his service providers to significant issues. Once alerted, there was frequent, ongoing communication among partners to address these issues collaboratively. Gary's ABCD support worker and HomeWork staff met with him at least twice to engage him in a plan to address his problems.

### *2. Access to and retention of housing*

As an employment-plus-housing participant in HomeWork, Gary received a housing certificate for Shelter Plus Care. ABCD, a HomeWork partner, assisted in processing his application to the Metropolitan Boston Housing Partnership, managed the certificate, and provided housing support and advocacy services. An apartment was found for him by the time of his official acceptance by HomeWork, and he moved in five days later.

HomeWork also helped Gary to retain his housing certificate. Gary was about to be evicted from his apartment for drug use, and HomeWork staff worked with ABCD and MBHP to place his certificate on hold while he entered a substance abuse treatment program.

### *3. Referral to substance abuse treatment*

As Gary faced the risk of losing his housing certificate, the HomeWork team worked together to devise an intervention plan that was pivotal in getting him to agree to treatment for his addiction. HomeWork then referred him to Victory Programs Incorporated (VPI), another HomeWork partner that provides residential treatment for substance abuse.

### *4. Funding for CWS employment services*

HomeWork's contract with CWS provides funds for increased time for the coordination and other support activities that are often required.

## Services and Activities Since Enrollment in HomeWork

### *Employment*

By the time he started with HomeWork, Gary was already participating in the CWS custodial training program. With CWS funding, he began a custodial internship at Spaulding Hospital November 2004. Based on his good work performance, Spaulding offered to hire him; however, he became ill with emphysema and asthma before the offer was to be finalized in January. Because of his illness, CWS advised him not to accept the job, and the HomeWork team stepped back somewhat from active involvement in his case while he recovered.

After a period of relative inactivity Gary began to look for work again, but was not successful. After telling his support workers that he was following job leads, they offered to share contacts and provide support, but he declined their help. Later, his CWS case manager learned that Gary had not been pursuing a job as actively as he had led his caseworkers to believe. He had become frustrated by his inability to find work. He became depressed and, after two or three months, he began taking drugs again.

By July, when his current CWS case manager started to work with him, she said that he had not been active in seeking work and would come into CWS "just in time to prevent being terminated." One problem was that, because of staff turnover, he had worked with three different CWS caseworkers and "all three had a very different take on him. There were a lot of inconsistencies in planning with him." Her initial focus was to "re-establish productive case management," and his new service plan goals—to "demonstrate readiness" and "build job search skills"—reflected a need to take several steps back. They began to focus their conversations on his long-term job goals, including a closer examination of his job needs and preferences, which had not happened previously, she said. She also told him about the other programs at CWS to give him a better sense of his options.

This period of follow-through was short-lived, however. Gary's behavior became erratic. For example, he enrolled in At Your Service (AYS), the hospitality service training program at CWS, but he was asked to leave because of repeated absences. He left a string of hostile messages and, according to his CWS case manager, became "very manipulative." His CWS case

manager said she can see now that he was probably using drugs, but the HomeWork team knew little about his substance abuse problem at that time.

By November 2005, as a result of conversations at the service coordination meetings, Gary's HomeWork team realized that his contact with services across the board had been dropping off and they decided to focus more on his case. They encouraged him to take advantage of job development services at CWS and JobNet, and they reiterated that CWS would assist him with a referral to mental health services. Gary's drug use and erratic behavior continued, however, and his service plan was refocused on housing and treatment for his drug use (see discussion in the following sections), with the expectation that he would also re-engage with employment services.

After beginning treatment Gary re-enrolled in AYS. He completed that program successfully in mid-August and began searching again for jobs. He agreed to use the HomeWork team to help him with his job search, and he met with his CWS case manager and job placement coordinator to revamp his résumé, complete job applications, practice interviewing techniques, and find job listings. The job placement coordinator met with Gary at least once a week and he has contacted at least four hotels on Gary's behalf, encouraging them to consider Gary's application. As of this writing, the job placement coordinator had attended an interview with Gary at a hotel, where he has subsequently been offered a job pending a drug and criminal background check.

### *Housing*

During his first months in his own apartment, Gary had to get used to living independently. "Even having a key was new," he said. His ABCD housing support worker helped him with monthly budgeting, shopping and cooking, and she provided emotional support as well. He said during the interview that having an apartment gave him stability and a place for him to organize himself, although he was also lonely.

About eight months after moving into his apartment, however, Gary's behavior started to become erratic. By his own account, he had started using drugs again during that time. Complaints began to come from the building manager, gradually escalating to the point where, in January 2006, an eviction was pending due the volume and nature of the "traffic" visiting him.

The HomeWork staff worked closely with the property manager, ABCD, and MBHP on this issue. The property manager was contacted by HomeWork staff several times over this period. He attended a service coordination meeting with the HomeWork team and they agreed to a series of steps that would be taken prior to eviction, leaving room for the team members to meet with Gary and give him the option of entering substance abuse treatment. Most staff described this as having been pivotal to engaging Gary in services. The potential loss of his housing certificate provided an incentive that had been lacking before.

At the time of the interviews for this case study, Gary had undergone drug treatment at VPI and his team was starting to work on his transition to a sober housing environment.

## *Mental Health and Substance Abuse Services*

At the beginning of Gary's involvement in HomeWork, the members of the team knew little about his substance abuse and mental health problems. Within a few weeks, however, they became concerned that depression might be causing his absenteeism from CWS, and they tried to link Gary with mental health services. It is unclear whether he actually followed through and utilized these services.

Later, faced with eviction and as a result of the intervention by the HomeWork team, Gary chose to go to VPI for substance abuse treatment. His caseworker at VPI worked closely with him to help him make his own decisions and then to follow-through on them. He sat with Gary as he made phone calls to CWS and followed up personally with service providers to assure that necessary communication had taken place, all the while backing off as Gary stepped up his role. He also has helped Gary with other health problems.

During the interview, Gary was especially enthusiastic about the friendships he has made at VPI. He participates in a coffee group, has met a friend's family, and took a trip with a friend—all things he said that he had never done and was clearly very happy about. Gary now feels "respected" there and that is very important to him.<sup>2</sup>

### Service Planning and Coordination under HomeWork

As Gary's situation developed, there was ongoing communication and service coordination among HomeWork partners through the structured format of the ISP and service coordination meetings, as well as through ongoing phone and e-mail contact. Additional problem-solving meetings with Gary occurred as needed.

Once alerted to the fact that Gary's problems were deep and ongoing, the HomeWork team stepped in and increased their attention to him. They met with him in November 2005 for an ISP meeting and had two carefully planned "intervention" meetings with him. His situation was routinely discussed at the service coordination meetings, which were attended by representatives from VPI, CWS and ABCD.

Service delivery was well-coordinated among the partners. Gary's VPI caseworker worked closely with CWS to plan Gary's re-engagement with CWS services. He considered Gary's participation in the CWS program, especially the structure it offered him, to be an integral part of his treatment at VPI. He also modified the VPI rehabilitation plan to accommodate Gary's participation in CWS, and a "contact plan" was developed in case Gary needed to miss a meeting at CWS or with other partner agencies. Currently, VPI is working closely with Gary and ABCD to re-connect with housing.

Gary said that the service planning meetings were "very helpful" and played a key role in getting him "back on track." Referring to his own thoughts as "a big ball of confusion", he said the meetings "put things in order in ways that cleared up the fog."

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<sup>2</sup> An important part of the VPI program is fostering peer supports.

## Addressing Long-term and Future Needs

As Gary takes his next steps and makes the transition back to independent housing and competitive employment, he says that “knowing that as I grow I can still have contact with my support team” is pivotal.

Long-term supports will be available through his current service providers. ABCD will help him find a new apartment and provide housing supports, which will be available as long as they are needed. After he finds a job, he will be transferred from his current CWS case manager to the post-placement support worker, whom he already knows through his work at AYS. She can work actively with Gary for up to one year and then “the door is always open.” Her support role, described as “unfettered” by the CWS case manager, allows the latitude to address a broad range of issues.

As part of their re-integration planning with Gary, VPI will work with him to build his support network, find a new sponsor who can recognize signs of a relapse, participate in AA meetings, and keep up contact with peers from the program. Gary can participate in VPI’s eight-week relapse prevention group, and his VPI worker expects to work with the HomeWork partners on relapse issues. He plans to contact Gary at least once a month for the first year and then phase down contact over the following two years. After that, as with the other services, the door will always be open, as long as he continues with his re-integration and outside supports. One concern mentioned by two HomeWork partners, is whether Gary will be invested in maintaining long-term involvement with VPI.

Gary’s ABCD housing support worker and the HomeWork employment coordinator both thought that he would benefit from some type of direct contact between his employer and the employment service.

The HomeWork employment coordinator has said that she will work with the team to assure that there are specific plans in place for maintaining long-term contact. With Gary, it will be important that these plans include active outreach rather than just an open door, since his relapse pattern includes cutting off contact with support services.

## Analysis and Conclusions

### **1. HomeWork has established a well-coordinated network of services that addresses Gary’s employment, residential, and substance abuse issues.**

It is evident that there has been a high level of coordination among Gary’s HomeWork partners, including both front-line and management staff, and that they have worked well together to address his multiple challenges. Reflecting a perspective that was shared by the other team members, his VPI caseworker spoke of the “open line of communication anytime something needs to be addressed.” This level of communication among service providers exceeds what is done for the typical VPI client, he said. Further, the stepped-up communication that occurred when Gary was starting to show signs of trouble several months after he left Spaulding made it

possible for the members of the team to become better aware of his need for increased supports and intervention.

In line with this last observation, however, it is possible that the HomeWork team might have taken more proactive steps during the period of Gary's inactivity if they had been better able to read the signs of mental health and substance abuse problems he was exhibiting at the time. Some team members thought that the involvement of someone with expertise in substance abuse, either as a consultant to the team or as a team member for screening or periodic monitoring, might have been helpful in Gary's case. One person suggested that it would be useful in the future to provide more training on substance abuse to direct service staff to give them a better understanding of substance abuse relapse, how to recognize it, and what to do about it. Another suggestion was that it would be useful to have more information from referral sources and at intake about each participant's indicators and triggers for substance abuse and mental health relapse.

It was also suggested that the underlying issue for Gary has been the low level of responsibility he takes for himself. The treatments and interventions that did occur would not have been possible until he "hit bottom" and had to change his behavior in order to salvage his housing.

**2. The HomeWork team has been persistent in their efforts to work with Gary to overcome his barriers to independent housing and competitive employment, and they have been successful in helping him move forward towards those goals.**

Because of HomeWork's coordinated outreach, interventions and planning processes, Gary engaged in essential substance abuse services. Also, his housing certificate has been salvaged, he has completed CWS employment programs, and he is using CWS support services to help him find a job.

The HomeWork team worked closely with Gary to help him identify specific, manageable steps as he moved towards his goals. Then, team members communicated a unified message to Gary that reinforced these plans, particularly his own responsibilities. When he was asked what worked to help him move forward, Gary's first response was "accountability to someone else." This theme—that a combination of structure, support, and accountability were key to engaging Gary—was echoed throughout the interviews.

As Gary said several times, "building trust," was his first step to engaging in services. "They saw that I needed help, saw through my denial," he said, emphasizing that HomeWork did not let him go and worked with him to salvage his housing certificate.

One problem, however, is the high rate of staff turnover that requires Gary to establish new relationships and undermines consistency.

**3. Gary will have access to long-term supports through his HomeWork team, and he is now building valuable peer supports through VPI.**

“I need to know that I have a long-term commitment here, not a beginning and an end,” Gary said, referring to his HomeWork support team.

Each of Gary’s partners have said that they have an “open door” policy, even as their formal outreach services may come to an end within the next three years. His ABCD housing support worker said that she is available as needed. The HomeWork employment coordinator is working to ensure that, as participants enter the long-term support stage, a plan is clearly laid out for ongoing contact. There is concern, however, that without some type of reimbursement or contractual obligation, the capacity for long-term involvement—especially the type of aggressive outreach that Gary needed as he withdrew from services—may be limited.

## HomeWork Case Study 5: Rick

Date of Enrollment in HomeWork: September 24, 2004

Date of Interview with Participant: July 24, 2006

### Introduction and Case History Prior to Enrollment in HomeWork

Rick is a 46 year-old white male high school graduate with one year of college. He received training as a medic while in the army and has certificates both as a medical assistant and patient care technician. Rick suffers from serious mental illness and has had problems with substance abuse. He was homeless for at least two years before he became involved in HomeWork.

Rick was discharged from the army in 1984 after four years of service. He then worked as a medical assistant for seven years, followed by two patient care technician jobs that each lasted for two years. He also enrolled in nursing school; but, because of his mental illness, he dropped out of school and took a medical leave of absence from his last full-time job in 1996.

Rick was diagnosed with schizoaffective disorder, bipolar type, and was first hospitalized for that condition in 1995. He has had three or four psychiatric hospitalizations since that time. In 1998 he began receiving case management services from Community Rehabilitation Services (CRS) to address his mood instability and for medication management and stress management support. He met with the CRS vocational specialist several times to discuss vocational options, and he began attending a psychosocial clubhouse program but thought their job programs were “too low functioning” and dropped out. During this period, he worked at a few temporary jobs.

In 2003, Rick was referred by his CRS caseworker to Career Advancement Resources (CAR) for employment services. His case was put “on hold” after three weeks, however, because his CRS workers were concerned that the side effects of his medications were interfering with his ability to make use of CAR’s services and they did not think he was “ready” for the CAR program.

It is not clear what led to Rick’s homelessness, but it is known that he stayed at the New Shelter for Homeless Veterans for about ten months in 2002. Later, he went to the West End Transitional Shelter, a Department of Mental Health facility, where he was living when he entered the HomeWork program in the summer of 2004. At that time, he was receiving psychiatric treatment, attending AA meetings, and participating in a dual diagnosis (substance abuse and mental illness) group at the shelter. He was not working, but he was attending classes to become a medical assistant.

Rick’s CRS worker described him as “resourceful and motivated to work towards his goals, particularly the goals of achieving housing and building on his vocational skills.” He responds well to psychiatric and psychosocial treatment, and his mental health has been fairly stable when taking medications. At the time he was referred to HomeWork, however, some staff were concerned that his mental illness and the side effects of his medications were getting in the way of follow-through with employment. He was managing his medications independently, but the DMH referral stated that this “needs to be continually assessed.” He also had some issues with

his physical health that required attention. Historically, social isolation and difficulty accepting his mental illness have triggered his mental health cycles. His support staff at the time expected that he would be independent in learning job-related skills but would need job-related support to manage stress and anxiety and a representative payee, which was already in place through CRS, to help manage his finances.

## Enrollment in HomeWork

Rick's CRS caseworker referred him to HomeWork in the summer of 2004. The caseworker also initiated a referral to Justice Resource Institute (JRI) for housing services and referred him to CAR again for employment services. Access to housing seems to have been his primary reason for wanting to participate in HomeWork, but he was also interested in improving his prospects for employment. The plan was for him to work with CAR to find a part-time job plus to take advantage of other services to support him while he was taking classes.

Rick signed employment and housing agreements with CAR and JRI and, in September 2004, he enrolled in HomeWork as an "employment and housing" participant.

## Key HomeWork Activities

HomeWork has acted on Rick's behalf in a number of ways. These are summarized below and discussed at greater length in later sections of the case study. Rick was one of the earlier HomeWork participants.

### *1. Planning and Coordination*

HomeWork provided a framework for communication and coordination among team members by facilitating service coordination meetings, which were attended by each partner agency's liaison to the project, and Integrated Service Plan (ISP) meetings, attended by Rick and his support workers from the agencies working with him. During Rick's first year and a half in HomeWork, the main topics of discussion at these meetings were his progress to obtain housing and any issues that came up related to school and work. Rick stated in his interview that he appreciated these meetings, since they provided him with a process that he thought was helpful.

At least nine meetings have been organized—some by the HomeWork employment coordinator, some by other HomeWork partners—with Rick and some combination of his caseworkers from CAR, JRI, and CRS. Some of these were ISP meetings, but others were to address specific problems, such as the need to clarify his goals and strategies to reach them, as well as to reinforce his involvement with employment services.

### *2. Access to Housing Resources*

As a participant in the HomeWork project, Rick was offered one of the housing slots set aside for DMH HomeWork participants through DMH and the Metropolitan Boston Housing Authority. Under that arrangement, the Justice Resource Institute (JRI) helped him apply for a housing certificate. It then helped him find an apartment and provided housing supports. As a DMH

client for a number of years prior to entering HomeWork, Rick could have been referred directly to JRI for housing resources at any time; but this did not occur until he became a HomeWork participant.

### *3. Access to Employment Services*

A condition for participating in HomeWork is that participants sign housing and employment agreements, demonstrating their intention to work with one of the partner services to develop and implement employment plans.

Rick had historically shown an interest in working, but he had been inconsistent in his follow-through with employment services. As part of his participation in HomeWork, Rick's CRS worker referred him back to CAR and he began working again with that organization.

### *4. Funding for Employment Services*

The HomeWork project funded Rick's employment service through CAR. The HomeWork contract with CAR provided for additional time for CAR staff to participate in the coordination activities that are required of HomeWork partners.

## Services and Activities Since Enrollment in Homework

### *Employment services*

For most of Rick's first two years as a HomeWork participant he made repeated attempts to become involved in employment or training opportunities, but his psychiatric condition and adverse side effects from his medications hindered his progress. Working with CAR, he entered three different training programs to obtain a certificate as a medical assistant or pharmacy technician, only to drop out within a few short days or weeks. His CAR caseworker advocated unsuccessfully on his behalf to have his schedule for one of the certificate programs modified. She also offered to meet with him regularly for support, such as assistance with studying, but he did not respond to her offers of support. Rick did not follow through with the career exploration or job seeking classes at CAR and he often did not keep his appointments for employment planning with his CAR caseworker. While he did make use of CAR services to update his résumé, edit job applications and practice interview skills, he preferred to work independently in following up on job leads and showed no interest in having CAR staff intervene more directly to help him find work.

Then, in the spring of 2006, several events occurred that set him in a new, more positive direction. In March, his caseworker took Rick (who at that point was "still not stable") and a number of other CAR participants to a job fair. As a result, Rick was hired for a month as an usher at the Big Apple Circus. He enjoyed his job escorting children from the buses to the circus, and his caseworker said that this experience gave his confidence a boost. Meanwhile, he was transferred to a new CAR caseworker (his fourth).

Around the same time, Rick also started working with a new CRS caseworker (his third), who recognized that he was having problems with his medications and took the initiative to make sure they were adjusted. This, too, had a salutary effect on his ability to engage in employment activities and to follow through.

At the time of the interviews, Rick's JRI caseworker and the HomeWork employment coordinator said they had both observed a significant change in Rick's participation in services and his behavior. "He talks with you" now, said the HomeWork employment coordinator. He is following up with appointments and seems to be more connected with his CAR caseworker. In June and July, he and his CAR caseworker visited several employers together.

Rick said during his interview that he now wants "another strategy for looking for work." He is interested in having CAR become more involved in contacting employers on his behalf, and he is considering the idea of having CAR maintain some level of contact with a future employer. In October 2006 he applied for a training program at CVS which is coordinated by the Institute for Community Inclusion, an organization that provides rehabilitative services for people with mental illness. Information about this program came through JobNet and was relayed to Rick's caseworkers by HomeWork staff.

### *Housing*

Rick began working with JRI to process his application for housing in July 2004. With JRI's help, he located a studio apartment in February of the following year and moved in that spring. JRI was active in negotiating with the landlord and holds the lease for the apartment.

At the time of his interview, Rick said he did not need support for daily living. According to his housing support coordinator at JRI, he has been fairly independent. He has received help with furnishing the apartment and installing utilities plus a little support with cleaning. CRS continues to be his representative payee, but his caseworker there says that they are "slowly handing this back to him."

Rick has been in touch with his JRI caseworker every two to four weeks. When they meet, they talk about his work and other topics ranging from problems with his girlfriend to encouraging him to call his psychiatrist to discuss medication issues. In addition to reinforcing his involvement with other services, the caseworker maintains direct contact with other services, including employment and mental health services, and the psychiatrist, as needed. These JRI services are available as long as he is interested.

Rick says that he likes having his own apartment, but he is "getting kind of lonely now. I've been here for one and a half years."

### *Mental health*

Rick's current CRS worker started working with him in May 2006 and had met with him three times when she was interviewed in August. Their meetings consisted primarily of discussions about his educational and vocational goals. She said that his previous caseworker had left

abruptly and there was little carry over of information. Rick also has a therapist at East Boston Counseling Center.

The CRS caseworker's role is to coordinate his services. She says she is in "constant contact" with Rick's doctor, nurse, landlady, and with CAR. It was because of her intervention that his medication was finally adjusted, and this has helped significantly to improve his functioning. She speaks regularly with his psychiatrist and his visiting nurse, who fills his pillbox weekly and makes sure he takes his medications. "Keeping him sober is another barrier," she said. He has been sober for several years, but did have a recent episode of drinking. She and his therapist encourage him to attend AA meetings.

Recently, Rick has begun managing his own medication. Once he is stable for a period of time, he will be transferred back to DMH case management. The CRS caseworker said she will try to keep providing services through his transition to employment.

Rick's JRI housing support coordinator also monitors his overall mental health status, and CAR is available to help him manage any symptoms, such as anxiety, on the job. The CAR caseworker said she does not know him well enough yet to be sure that she would recognize when he is having problems. Rick said that he thought it would be a "good idea" for the job support workers to understand his mental health issues.

### Service Planning and Coordination under HomeWork

It was apparent during the interviews that Rick's JRI, CAR, and CRS support staff were aware of his basic residential, vocational, and educational goals, services, and issues. All of the staff interviewed were aware of the different jobs and programs that Rick had considered or had participated in. Despite significant staff turnover, his mental health service providers were also in the communication loop. All of the team members were aware of and communicating with each other concerning Rick's medication issues, although it was not evident that CAR and HomeWork staff were aware of the other partners' concerns about his potential for substance abuse.

As mentioned earlier, at least nine service coordination meetings, including ISP meetings, were held with Rick. The team seemed to communicate a consistent message to him in support of his participation in services and they responded to his evolving approach to work by reconfiguring their roles and services to support his efforts. The HomeWork team also met with Rick to communicate the expectation that he engage in employment services and to discuss his lack of follow-through. He was also informed of the services offered by other HomeWork employment service partners.

It is evident that, even outside of the organized meetings, Rick's support workers were in direct phone and e-mail contact with one another to provide updates and ask for assistance in having Rick contact them. His residential support worker, in particular, encouraged him several times to contact the employment service.

## Addressing Long-term and Future Needs

Rick has had a stable and long-term involvement with his CRS mental health services. When CRS transfers Rick back to DMH in the future, he will lose some of the intensive supports this service has provided; however, JRI will still be available to maintain contact with him and provide supports as long as he is interested.

Rick said during his interview that once he is working he would like to have ongoing support available. His JRI worker says she has often met with clients after work, but she is also clear that she does not see herself as getting too involved in the “work piece.” Rick’s HomeWork team members do not expect that Rick will need intensive job supports, and CAR is available to provide some job support when needed.

One ongoing need that was mentioned in the interviews was to assure that Rick’s medications are working for him. His JRI worker thought this would involve maintaining a “collaborative effort” and good communication with Rick and among team members. She expressed confidence that this would happen.

## Analysis and Conclusions

The following conclusions are based upon a detailed review of Rick’s case, as discussed above:

- 1. HomeWork has developed a coordinated network of services that addresses Rick’s multiple problems, including mental health, medical, employment, education, and residential issues.**

HomeWork’s residential and employment partners have worked closely with each other and have maintained communication with Rick’s CRS worker, not only through the HomeWork service coordination meetings, but also through numerous other meetings and contacts.

Several staff thought that the medication change, which involved significant communication among team members, was important for Rick to be able to engage more actively in employment services. It should be noted, however, that this change was not made until nearly two years after Rick entered HomeWork and was largely due to the proactive intervention of his new CRS caseworker. Some doubt was expressed whether the team had been aggressive enough prior to that time to have this issue addressed.

Over time, different members of the HomeWork team began to extend their concerns beyond their own areas of specialization. The JRI housing support coordinator, for example, has become more involved in the “work piece” and has built a level of comfort with the team that allows her to participate in discussions that do not relate strictly to housing.

**2. Rick's residential needs have been met and he has been offered a range of resources to meet his employment needs.**

As a DMH HomeWork participant, Rick was referred to JRI for housing support and advocacy services. JRI assisted in processing his housing application and worked with him to find and set up an apartment.

Rick has not met his vocational goals; however, there are indications that in the months prior to his interview, he had become increasingly engaged in services and seems much more likely to find a job. CAR had consistently offered to assist him more actively and offered a range of support levels. They worked with him around his evolving goals and strategies.

Rick's one-month job at the Big Apple Circus seems to be one element of his recent change. The HomeWork employment coordinator sees Rick as a candidate for job placement, which would be available to Rick if he were to choose it.

## HomeWork Case Study 6: Stan

Date of enrollment in HomeWork: March 7, 2005

Date of interview with participant: June 11, 2006

### Introduction and Case History Prior to Enrollment in HomeWork

Stan is a 56-year-old white male high school graduate. He retired from the National Guard with an honorable discharge after 25 years of service, including four years of active duty. At the time of his enrollment in HomeWork he had been homeless for one and a half years.

When not on active military duty, Stan worked at a number of jobs, most of which lasted between two and three years, although he held one job for more than five years. Though trained as an aviation mechanic, he worked in shipping and receiving, as a building maintenance worker, and as a production worker. He said he had no mental health or other health problems that affected his work and that most of his jobs ended when he needed to return to active duty or when the companies went out of business.

Stan's homelessness began after he returned from his last round of active service and retired. He had neither a home nor a job to return to, he said. For about a year, he stayed with friends, at hotels, other temporary housing, and sometimes on the National Guard base, where he worked in a series of side jobs. In October 2004 he moved into the New England Shelter for Homeless Veterans (NESHV).

Although he did look for work after moving into the shelter, his age and homelessness prevented him from being hired. While at the shelter, he utilized NESHV's case management services and worked as a volunteer, doing prep work and set-up in the cafeteria. He was interested in working in food services and decided to apply to HomePlate, a Project Place program which trains people to operate push carts. He was accepted into that program in March 2005.

Stan has not been diagnosed with any sort of disability. Some of the staff who have worked with him, however, believe that his inertia and low self-esteem indicated an underlying depression that impaired his ability to set and pursue goals. Still, according to the NESHV training and employment director, it was apparent from the time he came to the shelter that he was motivated and able to work.

### Enrollment in HomeWork

Project Place and NESHV worked together to refer Stan to HomeWork. The exact sequence and timing of Stan's referral and acceptance to HomeWork is unclear, but the record shows that he had signed an employment plan with Project Place and was considered an active HomeWork participant by October 25, 2005. In the interview for this case study, Stan remembered hearing about HomeWork in a presentation at NESHV. He said he did not know much about the project, but that it seemed to have the same types of services as NESHV and Project Place.

Stan's status in the HomeWork project is as an "employment only" participant. According to his initial Project Place Individual Development Plan, he would try to find housing resources through his veteran's benefits. He also had access to housing advocacy and support services through NESHV. He was not guaranteed a housing certificate through HomeWork.

## Key HomeWork Activities

### *1. Planning and Coordination*

Stan's status has been tracked at the HomeWork service coordination meetings. Because he is considered to be very independent, there is no need for joint problem solving, and the tracking of his status has been confined to a simple "check in."

The HomeWork employment coordinator facilitated and attended two Integrated Service Plan (ISP) meetings with Stan and the NESHV employment program manager, in January and May 2006. The ISPs incorporated both employment and housing goals. The HomeWork employment coordinator met with NESHV housing staff to make sure they were helping him find housing resources. More recently, she has learned that Stan is planning to move to another part of the state, and she is helping him find housing resources there.

### *2. Funding of Employment Services*

Both Project Place and NESHV have contracts with HomeWork to provide increased coordination of services.

## Services and Activities Since Enrollment in HomeWork

### *Employment Services*

Stan began participating in the Project Place HomePlate food service program in April 2005. According to the Project Place employment coordinator, Stan helped to set up that program and was very dependable. The job gave him basic training in food service, including food preparation, cooking, clean up, and managing a food push-cart. During the interview for this report, Stan said that it was helpful to start with a job program, to "take one step at a time, not too far down the road."

In addition to working on HomePlate, Stan participated in workshops in life, job and computer skills. His Project Place case coordinator helped him think about what he wanted in a job and encouraged him to learn about other job options to be sure that his choice of food service work was an informed choice and a good fit.

After about six months with HomePlate, Stan heard about openings at the NESHV cafeteria and decided to apply. This was a competitive application process, open to those outside the shelter as well, but his work at HomePlate, plus his volunteer work in the kitchen as a shelter resident, gave him an advantage, and he was immediately hired. Currently, he is on the payroll as a cook at the NESHV cafeteria. Two mornings a week he works as the shift supervisor. He says he feels

confident that he can meet the challenges of the job and is learning more each day he is there. The NESHV training and employment director said that Stan has not needed any structured support or modifications, but she noted that the cafeteria is an accommodating environment. Stan said that he especially values his relationship with his supervisor at the cafeteria, who provides guidance and “mentorship.”

When he began working at the NESHV, Stan also became more involved with the employment program there and began meeting weekly with the employment program director to talk about his goals. Currently, he is satisfied with his current work and living situation, and he has been focusing on moving to another region of the state. The program director has been helping him look for employment and housing. They have been revising his résumé, checking job listings, and setting up voice mail to assist in his job hunt. His plan is to get a job and commute until he has found new housing. While commuting, he will continue to meet at least monthly with his NESHV worker.

The NESHV worker is also helping him “to identify his true goals and desires,” including social connections and avocational interests. Stan enjoys fixing bicycles, and she has tried to help him cultivate that interest as well.

Stan is in a post-placement support status with Project Place, which means that his case coordinator there contacts him about monthly by phone and offers to visit. The case coordinator said that since Stan has left Project Place he has visited him at the shelter and they have talked several times by phone. At this point, the case coordinator said, most of the support relationship has transferred to NESHV. He was not aware of Stan’s plans to move but said that he is still available to assist with job search or other linkages. The long-term support through Project Place is available to Stan for two years from the time of his placement at NESHV.

### *Housing*

Part of Stan’s plan with Project Place was to research housing resources, possibly taking advantage of veteran’s benefits. He contacted NESHV’s housing support services and was able to move to a single room occupancy unit at NESHV. The HomeWork employment coordinator met with the staff from NESHV to assure that this was happening.

### **Service Planning and Coordination under HomeWork**

The HomeWork partners considered Stan to be “a very independent and proactive client.” While he was at Project Place, most of the communication among the partners was to monitor his situation on a very basic level at the HomeWork service coordination meetings. There was no need for any joint “problem solving.” His initial service plan with Project Place seems to have been developed prior to his enrollment in HomeWork.

The transition from Project Place to NESHV was smooth and did not require communication between the two agencies. When Stan began working at NESHV, that organization was designated as his primary employment service by HomeWork. Two HomeWork Service Plan meetings have been held since then, both of which were attended by the NESHV employment

program manager and the HomeWork employment coordinator. As already mentioned, the HomeWork employment coordinator also met with NESHV housing services to assure that they were working with Stan. His Project Place case coordinator calls Stan periodically for a basic “check-in,” but Stan is now in a post-placement support status at Project Place, and the case coordinator is not actively involved in his service planning.

The employment goals in Stan’s February 2006 ISP focused on steps to take toward full-time employment in a commercial kitchen. However, during the interview, Stan clearly stated his intent to stay with his current job and to change jobs after he moves, a plan supported by the May ISP. During the interview, Stan reiterated several times the importance of making his “moves” when he feels ready, not to follow the lead of case managers, and not to be subject to “too high a standard.” He said that he liked the way his employment support workers at Project Place and NESHV understand that he “should go at his own pace.”

### Addressing Long-term and Future Needs

As mentioned earlier, Stan is beginning to plan for a move to another region of Massachusetts and has been working with his NESHV caseworker to begin a job search and find resources in that area. This was incorporated into the last HomeWork ISP. The HomeWork employment coordinator has participated in that planning effort. She expects that once Stan finds a job, his needs will be limited—a “pat on the back,” perhaps, and some occasional moral support. Since Stan will begin by commuting to his job when he makes the move, his support plans currently involve his Boston-based services. Meanwhile, he is contacting the veteran’s agent from his home military base, and the HomeWork employment coordinator is contacting ABCD for information on housing resources.

### Analysis and Conclusions

The following conclusions are based upon a detailed review of Stan’s case, as discussed above.

#### **1. HomeWork has provided the necessary service coordination to meet Stan’s employment needs.**

Stan’s needs have not been complex. He is not facing multiple issues of disability, and he entered the project from the secure environment of NESHV, which provides a gradation of living and work opportunities. His service transitions have been fairly smooth. Also, he is fairly independent in communicating with service providers concerning his interests and needs. No problem-solving situations have come up. He does not seem interested in mental health counseling and no one seems to feel that is a pressing need.

While Stan was with Project Place, the HomeWork team members coordinated to make sure that he had housing advocacy services. Otherwise, coordination with HomeWork during this period involved a cursory check on his status at meetings. Since the transfer of his employment services to NESHV, there has been little communication between NESHV and Project Place, and it does not seem to be necessary. HomeWork continues to be involved in monitoring Stan’s longer-term planning needs.

In conclusion, the framework and inter-agency relationships are in place, should they be needed, but Stan has not required the level of coordination that participation in HomeWork often entails. The team seems to have adjusted according to his needs and geared down.

When asked what it was about his participation in HomeWork that may have benefited Stan, his Project Place worker and the HomeWork employment coordinator said that he seems to have benefited from having a group of people to support him. Stan, on the other hand, said that he valued the individual relationships he had with members of the HomeWork team but did not really say anything about having a group of support people behind him.

## **2. It appears that Stan's interests and needs have largely been met.**

Stan chose to work with Project Place and HomeWork, having stated his interest in the food service industry. Through those channels he was able to find a job that gives him satisfaction. He also has stable housing.

Both HomeWork and Project Place engaged him in a process to explore and consider different job options, and these processes led to confirmation of his choice as a good match. It appears that the opportunity to participate in the HomePlate transitional work experience proved valuable in numerous ways in helping him move toward his goal. In the end, he was hired in a full-time job at the NESHV cafeteria.

Stan's desire to be involved in bicycle repair is also important to him, and NESHV is working actively to help him find a way to pursue that interest. It appears that this is leading to broader social connections for him.

## **3. Controlling his decisions was very important to Stan**

Stan stated that "the biggest thing is taking the first step yourself." He felt that, with his work at Project Place and NESHV, he was able to "take it one step at a time and make his own decisions." This is a point he made several times and was clearly important to him. He resented any sense of being pushed and may have disengaged from services if he felt that too much pressure was being put on him.

## **4. Having peer guidance was important for Stan.**

Stan said that his case managers were people who had not "been in his shoes." He emphasized the value of working with someone with "understanding of the people there," who could offer guiding support.

He suggested that the program could be strengthened by building on such relationships.